2019 Neuropsychological Testing Codes

The hallmark of the new CPT codes is a lack of uniformity, as many insurance companies are doing things differently.

Insurance companies are in various states of readiness to implement the codes. When possible, check with each company before submitting claims.

Some Medicare regions have indicated that when services are completed in multiple sessions over several days, the date of service that should be reported on the claim is the date of service on which all services concluded. Documentation should reflect that the service began on one day and concluded on another date. If documentation is requested, medical records for all days should be submitted.

Optum/UHC recommends submitting your entire testing session together on one claim form. There can be different dates of service on the claim form, but submitting them together allows base and add-on codes to be found and paired, even if they are on different days. If you need to submit the testing prior to the feedback session (e.g., your institution requires you to drop the bill quickly, or the patient will not be coming back for feedback in a timely manner), Optum recommends submitting part of the claim, then adding on the feedback to the same claim and submitting it as a corrected claim to ensure that the base and add-on codes pair.

Use codes that represent the predominant nature of the evaluation – either psychological or neuropsychological, but do not mix them.

The time spent attending webinars and reviewing available information to get up to speed with the codes is time well spent. The following links contain useful information – including code definitions, sample logs, etc.

NAN

ABN
https://abn-board.com/practitioner-toolbox/

APA Div 40
https://www.scn40.org/

APASI
https://www.apaservices.org/practice/reimbursement/health-codes/testing