

CPT[®] Code Changes for 2019 Psychological & Neuropsychological Testing FAQ for Medicaid Membership

Please Note: *Medicaid rates are generally set by each individual state and further information is pending state reviews; information is current as of the date of posting.*

The American Medical Association (AMA) announced [CPT Code Changes for 2019](#) in September. Since then, the American Psychological Association (APA) has taken steps to notify and inform their membership regarding those changes to CPT coding used for reporting psychological and neuropsychological testing.

The APA Practice Organization posted relevant information and a list of the new codes including brief descriptions (note: for more specific and detailed information on the use of these codes, refer to 2019 CPT code books which are available for purchase through online vendors).

- [Up to code: Examining the new testing codes](#)
- [Up-to-code: Understanding the new testing codes](#)
- [Codes and Descriptions](#)

The APA Practice Organization also provided links to various tables showing crosswalks between 2018 and 2019 codes:

- [Psychological Testing](#)
- [Neuropsychological Testing](#)
- [Computerized Test Codes](#)

Optum is working to implement the changes, to be effective January 1, 2019. Many of the following questions have been submitted by providers; we will continue to update this FAQ as more questions are received and as additional information becomes available.

Q1: What should a practice or provider do to prepare for CPT code changes?

A1: All providers should become familiar with the new codes so you know when and how to use them. Be sure you coordinate with your billing support or vendors, including your billing software vendor or Electronic Data Interchange (EDI) clearinghouse, to make sure they are ready.

Q2: Can I still submit claims using the expired CPT codes for services provided on or after January 1, 2019?

A2: No. Providers will not be able to submit claims using the expired CPT codes for services with a date of service of January 1, 2019 or after.

Q3: Will there be a dual use or grace period?

A3: No. At this time no grace period for implementation has been announced and so you should be preparing to implement these changes by January 1, 2019. Claims for dates of service on or after January 1, 2019 submitted with expired 2018 codes will be denied.

Q4: Do I apply the new 2019 codes on January 1, 2019 for unbilled dates of service in 2018?

A4: No. Use 2018 codes for all dates of service through December 31, 2018. For dates of service on or after January 1, 2019, use the new 2019 codes. It is the date of service that determines which codes to use, not the date of claim submission.

Q5: If I obtained an authorization prior to January 1, 2019 that has not been used will that authorization still apply or will I need to request a new authorization? What do I do with authorizations that are still effective January 1, 2019?

A5: We ask that you make every effort to complete testing started in 2018, by December 31, 2018. If you are not able to complete testing that was authorized in 2018 prior to December 31, 2018, you will **not** need to request a new authorization with the new CPT codes as Optum has made system enhancements that will allow for claims payment of the new codes in 2019.

Q6: Will these changes affect my Agreement with Optum?

A6: Yes. It will affect your Agreement to the extent that you will be required to bill the newly-established CPT codes.

Q7: Do these changes affect my Fee Schedule with Optum?

A7: For these new CPT codes, you will be reimbursed at the rates set forth by the state Medicaid agency after rates for those codes are published by the state, if applicable. In the interim, you will be reimbursed at rates comparable to the rates for the expiring codes. Optum is working with all impacted states to secure rates for the new codes in a timely manner. After the new rates are received/published, Optum will review and update your Fee Schedule and complete a claims reconciliation process if needed; no action will be required on your part.

Q8: When will my contract be updated to include the new codes?

A8: We will work to notify providers of the new rates for these codes as early as possible, once the rates for the codes are published by the state or otherwise identified.

Q9: How is reimbursement determined?

A9: For providers serving Medicaid memberships, generally each state's applicable Medicaid agency establishes rates.

Q10: Will Optum be negotiating new fee schedules?

A10: No. We do not anticipate needing to negotiate new fee schedules for the transition to new codes effective January 1, 2019; providers who currently have rates associated with CPT Procedure codes for testing on their fee schedules may be provided with a new fee schedule that includes rates for the updated testing code set, at the rates set forth by the applicable state Medicaid agency, if applicable.

Q11: Will Optum be compliant with the required changes by January 1, 2019?

A11: Yes. We are actively engaged with making necessary system changes and provider notifications.

Q12: How do I bill using the new codes?

A12:

- Provider Express – our online secure transaction feature will be ready to receive 2019 CPT codes on January 1, 2019 for dates of service on and after January 1, 2019
- EDI Clearinghouse/Vendors – talk directly with your clearinghouse and software vendor regarding system readiness
- Paper claims – use CMS 1500 form

Q13: The fax form I have on file to request authorization does not include the new CPT codes, can I still fax in requests for authorization?

A13: No. As announced in 2017, we replaced the paper authorization request form with an online request feature. To access the online request feature go to providerexpress.com > Clinical Resources > Forms > Optum Forms – Authorization and select your state.

Note that the previously published fax number is being retired on December 31, 2018. Effective January 1, 2019, you may not fax in authorization requests for Psych/Neuropsych testing.

Q14: Will these changes affect claim submissions?

A14: Optum will be adopting the standards set by the APA in regards to billing the new psychological and neuropsychological testing codes. Providers must bill the evaluation services along with any test administration services on the same claim. Optum Reimbursement policy is being updated to reflect this standard. It is also recommended that even when testing occurs across multiple dates of service, that all dates of service be submitted on a single claim.

Q15: Where can I find more information on the changes?

A15: Refer to the links above as well as the 2019 CPT code book. The AMA released their 2019 CPT code book in October. Resources for purchasing are readily available online and in bookstores.

Q16: How should I request my service time for the new CPT codes given some codes are 1 Hour and some are 30 Minutes?

A16: You should request service time by the number of units (not hours). Service time for each CPT code is authorized by units not minutes or hours (e.g., 96130 = 1 UNIT & 96136 = 1 UNIT).

Q17: Has CMS established pair relationships between any of the testing codes that will impact billing and lead to possible denials?

A17: Yes; CMS has established a pair relationship between 96146 and the following:

- 96116, 96136, 96137, 96138, 96139

96146 will not be reimbursed if it occurs on the same date with any of these other testing codes, because the other code is considered a “more extensive procedure”

- 96130, 96131, 96132, 96133

96146 will not be reimbursed if it occurs on the same date with any of these other testing codes, IF billed by the same provider UNLESS a modifier is attached to the code.

One of these modifiers may be useful:

- 59 (Distinct Procedural Service)
- XE (Separate encounter, a service that is distinct because it occurred during a separate encounter)

Q18: How do I submit mixed testing requests that include both Neuropsychological and Psychological Testing Measures?

A18: In situations where you are administering both psychological and neuropsychological testing measures, you should decide which “Test Evaluation Services” (96130/96131 or 96132/96133) codes most closely describe the predominant referral question, and chose from that particular set. While you must choose either Psychological or Neuropsychological Evaluation Codes, please note that this does not preclude you from administering both psychological testing measures along with neuropsychological testing measures as part of your testing battery using Test Administration and Scoring codes (96136-96139).