Psychological and Neuropsychological Testing Frequently Asked Questions

1. **Can I bill for report writing in addition to the psychological testing services I provide?**

   No. You cannot request additional time or bill for report-writing services. The time that you are approved for on an authorization already includes the time that can be utilized for conducting the test and all related report-writing activities.

2. **How much time do I have to submit an authorization for psychological testing?**

   You have 21 days from your first session to enter your psychological testing authorization into ProviderConnect.

3. **What CPT codes are available for use with a psychological testing authorization?**

   The following codes can be utilized for billing after you receive an authorization for psychological testing:

96101, 96118	Psychological Testing, 1 Hour
90791	Psychiatric Diagnostic Evaluation (no medical services)
90792	Psychiatric Diagnostic Evaluation with Medical Services (or E&M new patient codes)
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient

4. **Does a psychological testing authorization automatically include time for initial evaluation?**
   No. Any time required for an initial evaluation of members should be included as an add on line, in addition to time requested for each individual test, at the time of the authorization request.

5. **Does a psychological testing authorization automatically include time for explaining results to members?**

   No. Any time required for explanation and feedback of results to members should be include as an add on line, in addition to time requested for each individual test, at the time of authorization request.