WISCONSIN MEDICAID

UPDATE

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TO:
HMOs and Other Managed Care Programs
Neurologists
Pediatricians
Physiatrists
Psychiatrists
Psychologists (Ph.D.)

Procedure Codes for Billing Central Nervous System Assessments/Tests

Wisconsin Medicaid covers central nervous system assessments and tests. This Update ensures providers have current procedure code information to use when billing for these services. There is no policy change regarding these services.

Attached is a list of the procedure codes that Wisconsin Medicaid accepts when billing for central nervous system assessments/tests (e.g., neuro-cognitive, mental status, speech-testing). The list includes the procedure code, description, providers who may provide the service, type of service, any limitations, allowable diagnoses, and allowable places of service.

Providers have one year from the date of service to submit or adjust a claim.

CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS PROCEDURE CODES
(e.g., Neuro-Cognitive, Mental Status, Speech-Testing)

Code	Description	Allowable Provider(s)	Type of Service*	Limitations	Allowable Diagnoses	Allowable Places of Service**
96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	Neurologist Psychiatrist	1	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8
		Psychologist - Ph.D.	9	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	Neurologist Psychiatrist	1	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8
		Psychologist - Ph.D.	9	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8
96110	Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	Neurologist Pediatrician Physiatrist Psychiatrist	1	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8
		Psychologist - Ph.D.	9	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8
96111	extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, eg, Bayley Scales of Infant Development) with interpretation and report, per hour	Neurologist Pediatrician Physiatrist Psychiatrist	1	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8
		Psychologist - Ph.D.	9	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8

Code	Description	Allowable Provider(s)	Type of Service*	Limitations	Allowable Diagnoses	Allowable Places of Service**
96115	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour	Neurologist Pediatrician Physiatrist Psychiatrist	1	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8
		Psychologist - Ph.D.	9	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8
96117	Neuropsychological testing battery (eg, Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour	Neurologist Psychiatrist	1	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8
		Psychologist - Ph.D.	9	6 units of any combination of these codes for each date of service	All	1, 2, 3, 4, 7, 8

* Type of service 1: Medical.
Type of service 9: Other.

** Place of service 1: Inpatient hospital.
Place of service 2: Outpatient hospital.
Place of service 3: Doctor's office.
Place of service 4: Home.
Place of service 7: Nursing home/extended care facility.
Place of service 8: Skilled nursing facility.