



Provider Frequently Asked Questions (FAQ)

New 2019 Psychology and Neuropsychology Testing Codes

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Q: What is changing?

A: Annually, in October, the American Medical Association defines and releases a new set of Current Procedural Terminology (CPT) codes. This new code set takes effect on January 1, 2019. Mental health and substance use disorder treatment providers use these CPT codes when submitting claims for services.

The 2019 code set has several changes that impact provider billing, as many codes currently used were either deleted or modified. Key changes include changes to psychological and neuropsychological evaluation and testing codes.

Q: Who is impacted by the CPT code changes?

A: Any provider performing and billing for psychological and neuropsychological testing and evaluation services may be impacted by this CPT code change.

Q: When does Carelon plan to begin accepting the new code set?

A: Carelon will begin accepting the new CPT codes for 2019 dates of service beginning on 1/1/2019.

Q: Are you planning to accept the new CPT codes before the compliance date?

A: No. Carelon will not accept the new codes prior to the official date established by AMA: All 2018 dates of service must be submitted with the 2018 code set regardless of when they are billed.

Q: Will Carelon have a transition plan in place for providers who are not ready to use the new code set by 1/1/2019?

A: No. HIPAA laws require providers to use the new codes for 2019 dates of service beginning January 1, 2019.

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Q: Should 2018 dates of service be billed separately from 2019 dates of service?

A: Yes. Claim lines should not span years. 2018 dates of service should be billed separately from 2019 dates of service.

Q: How do I purchase a CPT Coding Manual?

A: AMA creates the CPT Coding Manual and purchasing information can be found at: <https://commerce.ama-assn.org/store/>.

Q: I have an authorization for psychological testing that will still be active in 2019; however, the authorization was granted using the old codes. Will the authorization still be valid or will I need a new authorization?

A: If your authorization was code-specific using the old code(s), the authorization will not be valid for any service dates on or after 1/1/2019. You will need to request a new authorization using the new code(s).

If your authorization was granted using an “umbrella code” such as PSYCHTEST, TST, PSYTEST-FL, etc., the authorization will still be valid for service dates on or after 1/1/2019. Additionally, you may need to request more units to make up for the conversion to 30-minute testing code units. If you have any questions, call the Carelon customer service department that handles the member’s benefit plan to discuss the authorization on file. They will direct your call to the team that handles authorization requests if necessary. Member-specific phone numbers are typically located on the member’s identification (ID) card.

Q: Can I use the old codes to bill for dates of service on or after 1/1/2019?

A: No. If old codes are used to bill for services rendered on or after 1/1/2019, the claims will be denied. A corrected claim will need to be submitted using the new codes when billing for services rendered on or after 1/1/2019.

Q: What if I begin the testing prior to 1/1/2019, but I finish the testing after 1/1/2019?

A: If your authorization is under an umbrella code, both the services and claims before and after 1/1/2019 will be payable under the umbrella:

If you have a code-specific authorization that was granted for the old codes, only services prior to 1/1/2019 will be payable under this authorization. You will need to request a new authorization using the new codes for services rendered on or after 1/1/2019.

Q: How do I request authorization for testing for dates of service on or after 1/1/2019?

A: Carelon is updating its existing psychological testing form and provider portal to accommodate these changes. The forms have been updated (See next question for steps to form), and the provider portal (both eServices and ProviderConnect) is in the process of being updated. For now, you will need to download a copy of the new form, which is available online, complete it, and fax it into the number on the form. Unless a plan participates in fax submission, providers will be expected to review the member’s benefit through our provider portal and submit authorization requests electronically moving forward.

Q: Where can I find the new psychology and neuropsychology authorization form?

A: The forms are located on the Providers section of the www.carelon.com website: Click the Providers tab and select Carelon Health Options Providers. From there, depending on the plan, there are two options:

For Carelon providers and commercial accounts, look for Clinical Forms under the Forms menu in the Providers section.

In addition, certain state and health plans have contract-specific forms. Visit the “Network Specific Info” page <https://www.carelon.com/providers/carelon/network/> to locate your plan and review to see if there are applicable forms.

Q: Where can I find information about the new codes effective 1/1/2019?

A: The new codes, full descriptions, coding assistance tables, and associated coding guidelines can be found in the 2019 American Medical Association (AMA) Current Procedural Terminology (CPT) Code Book, which is available at <https://www.ama-assn.org/practice-management/cpt/finding-coding-resources>. We also recommend contacting your professional industry organizations (example, <https://www.apapracticecentral.org/reimbursement/health-codes> for information about code updates, webinars, code crosswalks, and tip sheets that may also be available.

Q: Who should I call at Carelon if I have any questions or need to get an authorization adjusted?

A: The behavioral health customer service department that handles the member’s benefit plan can assist with any questions or direct you to the team that handles authorization requests. Their number is located on the back of the member’s ID card.