



**Psychological and Neuropsychological Testing Reimbursement Policy**

<b>Policy Number</b>	2019RP501A	<b>Annual Approval Date</b>	1/31/2019	<b>Approved By</b>	Optum Behavioral Reimbursement Committee
----------------------	------------	-----------------------------	-----------	--------------------	--

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.*

*Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, clinical rationale, industry standard reimbursement logic, regulatory issues, business issues and other input in developing reimbursement policy may apply.*

*This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member’s benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.*

*Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.*

*Optum uses a customized version of the Claim Editing System known as iCES Clearinghouse to process claims in accordance with our reimbursement policies.*

*\*CPT® is a registered trademark of the American Medical Association*

**Proprietary information of Optum. Copyright 2022 Optum.**

**Applicability**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent for claims submitted online through the provider portals . This policy applies to all commercial and Medicare products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

Optum has adopted the standards set by the American Psychological Association (APA) in regards to billing the new psychological and neuropsychological testing codes developed in 2019.

Optum follows CMS and National Correct Coding Initiative (NCCI) guidelines, when a service is spread out over multiple visits, the total cumulative time spent performing each type of service in the Psychological/Neuropsychological Testing process (i.e., testing evaluation services and test administration and scoring) should all be reported at the completion of the entire episode of testing. As noted in the American Psychological Association 2019 Psychological and Neuropsychological Testing Billing and Coding Guide, “The single bill should list both base and add-on codes with the different dates of service linked to the entire episode of evaluation. A single base code should be submitted for the first unit of each type of service of the evaluation process. Only add-on codes should be used to capture subsequent units of service on the **same or different days**. The episode of care concludes when the evaluation report is complete. It is expected that interactive feedback with the patient and/or family member(s) and caregiver(s) will be a typical component of the evaluation process.”

For additional information in regard to psychological and neuropsychological testing please refer to the following below sources related to provider type guidelines and requirements:

- [2019 Psychological and Neuropsychological Testing Billing and Coding Guide](#)
- [Optum Psychological and Neuropsychological Testing - Supplemental Clinical Criteria](#)
- [2019 Psych-Neuropsych Testing FAQ.pdf \(providerexpress.com\)](#)

**CPT Codes and Description for Psychological and Neuropsychological Testing Evaluation Services- Report Appropriate Primary code in conjunction with the Add-on Code and Test Administration and Scoring**

Primary CPT Code	Description	Add-on CPT Code List separately in addition to the primary code <i>(Please note add-on code is not required only when applicable)</i>	Description
------------------	-------------	--	-------------

**Psychological Testing and Evaluation Services**



96130	<b>Psychological testing evaluation services</b> by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, <b>first hour</b>	+96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; <b>each additional hour (List separately in addition to code for primary procedure)</b>
<b>Psychological or Neuropsychological Test Administration and Scoring</b>			
96136 Base 1 Unit Only - can be billed as a standalone service or with 96132/96133 AND 96136-96139 as applicable)	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, <b>first 30 minutes</b>	+96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes ( <b>List separately in addition to code for primary procedure</b> ) (96136, 96137, 96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days)
Base 96138 (1 Unit Only)	Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, <b>first 30 minutes</b>	+96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; <b>each additional 30 minutes (List separately in addition to code for primary procedure)</b>
<b>Neuropsychological Testing Evaluation Services</b>			
96132 Base (1 Unit Only)	<b>Neuropsychological testing evaluation services</b> by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s) when performed, <b>first hour</b>	+96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; <b>each additional hour (List separately in addition to code for primary procedure)</b>
<b>Neurobehavioral Status Examination</b>			



<p>96116 Base -1 Unit Only (can be billed alone with or without 96136-96139 if applicable)</p>	<p>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; <b>first hour</b></p>	<p>+96121</p>	<p>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; <b>each additional hour (List separately in addition to code for primary procedure)</b></p>
--	---	---------------	---

**Psychological or Neuropsychological Test Administration and Scoring**

<p><b>Primary CPT Code</b></p>	<p><b>Description</b></p>	<p><b>Add-on CPT Code List separately in addition to the primary code (Please note add-on code is not required only when applicable)</b></p>	<p><b>Description</b></p>
<p>96136 Base (1 Unit Only)</p>	<p>Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, <b>first 30 minutes</b></p>	<p>+96137</p>	<p>Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (<b>List separately in addition to code for primary procedure</b>) (96136, 96137, 96138, 96139 may be reported in conjunction with 96130, 96131, 96132, 96133 on the same or different days)</p>
<p>96138 Base (1 Unit Only)</p>	<p>Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, <b>first 30 minutes</b></p>	<p>+96139</p>	<p>Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; <b>each additional 30 minutes (List separately in addition to code for primary procedure)</b></p>

**Automated Testing Result for Psychological or Neuropsychological test administration**

<p>96146 (can only be billed as standalone service)</p>	<p>Psychological and neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only</p>
---	---

**Questions & Answers**



1	<p><b>Q.</b> Can both sets of Testing Evaluation Codes (Psychological 96130/96131 and Neuropsychological 96132/96133) be billed in one testing episode evaluation?</p> <p><b>A.</b> No. 96130/96131 should not be billed with 96132/96133. In cases where a provider administers and interprets standardized tests that can be used in either psychological or neuropsychological evaluations, the provider should choose the single set of evaluation codes that best represents the predominant service being provided in that case.</p>
2	<p><b>Q.</b> Can Evaluation Codes (96130/96131 or 96132/96133) be billed without Test Administration and Scoring codes (96136/96137 and/or 96138/96139)?</p> <p><b>A.</b> No. A complete episode of testing will include codes from both the Evaluation series and the Test Administration and Scoring series</p>
3	<p><b>Q.</b> Can a provider bill multiple units of the Base Codes (96130, 96132, 96136, 96138) in a testing episode?</p> <p><b>A.</b> No. Base codes should only be billed one time during a testing episode even when testing occurs over multiple days. Any subsequent units of the code type should be billed using only the add-on codes (96131, 96133, 96137, 96139) even when the service takes place over multiple days.</p>
4	<p><b>Q.</b> Should the 96146 code be billed for any computerized test that is used?</p> <p><b>A.</b> No. The 96146 code should only be used when 1 computerized testing measure is to be used and no other measures. When additional tests are to be administered, then the 96136-96139 codes should be used.</p>

### Resources

- 2019 American Psychological Association
- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- [www.cms.gov](http://www.cms.gov) Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
- CMS National Correct Coding Initiatives website - <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>

### History / Updates

October, 2022	Anniversary Review; No updates
December, 2021	Update to Reimbursement Guidelines section and CPT coding Section and added Q&As 1-4
October, 2021	Anniversary Review; No Updates
October, 2020	Anniversary Review No Updates
June, 2020	Updated Overview and Reimbursement Guidelines Section
October, 2019	Anniversary Review Date Change
August, 2019	Language clarification to Overview Section and Reimbursement Guidelines Section
January, 2019	New policy

**Proprietary information of Optum. Copyright 2022 Optum.**