

## Payment Policy | Psychological and Neuropsychological Testing



**EFFECTIVE DATE:** 01 | 01 | 2019

**POLICY LAST UPDATED:** 05 | 04 | 2022

### OVERVIEW

This payment policy documents the specialty restrictions that apply to psychological and neuropsychological testing that are performed for disorders other than learning disabilities.

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

#### Medicare Advantage Plans and Commercial Products

Claims submitted for psychological and neuropsychological testing for disorders, other than for learning disabilities, are covered when submitted by one of the following provider specialties for the codes listed below:

- Neuropsychologist, or
- Psychologist, or
- Pediatric neurodevelopmental specialist

- 96116** 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; first hour
- 96121** 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; each additional hour (List separately in addition to code for primary procedure)
- 96130** 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; first hour
- 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; each additional hour (List separately in addition to code for primary procedure)
- 96132** 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; first hour
- 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; each additional hour (List separately in addition to code for primary procedure)
- 96136** Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
  - 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 (List separately in addition to code for primary procedure)
  - 96138** Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
  - 96139** Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)

Note: For services rendered in the Hospital Based Clinic by one of the above specialties, claims must be filed by the facility. See related policies.

The following codes are covered and limited Speech, Master's in Social Work (MSW), or Occupational Therapists (OT) specialties.

- 96125** Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified healthcare professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

The following codes are covered as medical services and are not impacted by the provider specialty limitations of this policy:

- 96105** Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
- 96110** Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
- 96112** Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
- 96113** Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
- 96146** Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only (Note: this test is used for IMPACT Screening)

If any of the services in this policy are being provided as part of an Early Intervention Program, please refer to the Early Intervention Policy.

Psychological/Neurological testing for learning disabilities are not covered services.

## **COVERAGE**

Benefits may vary between group/contract. Please refer to the Subscriber Agreement or Evidence of Coverage for applicable diagnostic testing/behavioral health benefits/coverage.

If services are being provided under state or federal laws that provide services for the health of school children or handicapped children, then they are excluded from coverage (See Rhode Island General Law,

Title 16, Chapters 21, 24, 25, and 26 and applicable regulations governing the health of school children and special education of handicapped children or comparable requirements established by federal law or state law of applicable jurisdiction).

## BACKGROUND

The physician or other healthcare provider measures cognitive, psychomotor, and other abilities through written, oral, or combined format testing. The testing is accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate material that will be formulated into a report.

Psychological testing refers to a series of tests used to evaluate and treat an individual with emotional, psychiatric, neuropsychiatric, personality illness(es), or developmental delays.

Neuropsychological testing is used to determine the brain's capacity with respect to short- and long-term memory, abstract reasoning, attention concentration, executive function, motor skills and other cognitive and psychological factors.

Impact<sup>®</sup> screening provides a computerized neurocognitive assessment tool used in concussion screening. The test is now being used by a wide range of professional providers (e.g., emergency room, urgent care, primary care physicians, general practice, and internal medicine) and is covered.

## CODING

Daily Maximum Unit edits are applicable as noted in the referenced Coding and Payment Guideline policy. See detail in the policy section of this policy for the provider specialty restrictions.

## RELATED POLICIES

Hospital Based Clinic  
Coding and Payment Guidelines  
Early Intervention Policy

## PUBLISHED

Provider Update, July 2022  
Provider Update, May 2021  
Provider Update, January 2019  
Provider Update, March 2017  
Provider Update, May 2016

## REFERENCES

Not applicable

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