Payment Policy | Psychological and Neuropsychological Testing

EFFECTIVE DATE: 05|01|2026
POLICY LAST REVIEWED: 06|12|2026

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
No prior authorization required for in-network or out-of-network providers.

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:

- 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)

For psychological and neuropsychological testing services, particularly applicable to CPT codes 96130–96133 and 96136–96139 when testing is performed over multiple dates of service, the total time associated with the testing episode should be accumulated and reported on the final date of service. The reported units should reflect the **total time** spent performing the testing services, including administration, scoring, interpretation, and report preparation, as applicable.

Accordingly, providers should not submit separate claims for each date testing activities occur when the services represent a single testing episode. Instead, the cumulative time and corresponding units should be reported on the final date of service for the completed evaluation.

BCBSRI follows CMS guidelines: The record must show the tests performed, scoring and interpretation, as well as documentation of the time involved for services that are time-based.

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® 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

Typically, psychological testing/neuropsychological testing may require four (4) to six (6) hours to perform (including administration, scoring, and interpretation.) If the testing is done over several days, the testing time should be combined and reported all on the last date of service.

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

RELATED POLICIES

Behavioral Health Outpatient Professional Services
Coding and Payment Guidelines
Early Intervention Policy
Hospital Based Clinic

PUBLISHED

Provider Update, July 2026
Provider Update, March 2026
Provider Update, March 2023
Provider Update, July 2022
Provider Update, May 2021
Provider Update, January 2019

REFERENCES

Article - Billing and Coding: Psychological and Neuropsychological Tests (A57780)
CMS.gov

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.