

	<i>Psychological and Neuropsychological Testing and Evaluation Services</i>	
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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Psychological and neuropsychological testing are complex activities that necessitate extensive knowledge and training, as articulated in several professional psychology guidelines and standards

Neuropsychological assessments provide measurements of behavioral manifestations of central nervous system (CNS) disorders using techniques that provide objectivity, validity, and reliability. Information acquired from neuropsychological assessments can directly inform medical decisions by providing data relevant to diagnosis, progression or course of conditions, prognosis, and treatment of disorders.

Psychological assessment is the process of systematically collecting reliable and valid information about behavior from multiple sources in order to inform decisions about a patient's mental or behavioral functioning, typically for the purpose of diagnosing, treatment planning, or treatment evaluation. As such, these assessments necessarily involve investigating phenomena that could influence or modulate the behavior of interest (e.g., medical history and condition, psychosocial factors, interpersonal relationship dynamics)

Claims submitted for psychological and neuropsychological testing for disorders, other than for learning disabilities, are covered when submitted by one of the following physician or other qualified health care provider specialties

- Neuropsychologist
- Psychologist
- Psychiatrist
- Pediatric neurodevelopmental specialist

Screening for attention deficit disorder (ADD) and attention deficit hyperactive disorder (ADHD) should be submitted with CPT 96127. Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument. Providers should not use Psychological and Neuropsychological testing for ADD and ADHD screening/testing.

Testing services must be provided or overseen by medical or mental health providers licensed in their state of practice to administer, score, and interpret psychological testing

Policy

Psychological and neuropsychological testing involves administration of standardized tests of cognitive and emotional functioning by a psychologist, qualified healthcare professional (QHP), or clinically trained technician under the direction and supervision of the psychologist or QHP.

As noted above, there is no definition or guideline in Medicare of what a technician is, and definitions differ on a state-by-state basis. Technician training and supervision, instrument selection, data interpretation and analysis, report-writing, consultation, and interactive feedback are the responsibility of the psychologist or QHP who is independently licensed at the doctoral level.

For clinicians who employ a technician who conducts part of or all of the test administration, it would be typical for at least some of the scoring to be completed by the technician.

- Regardless of the individual administering and scoring the testing, these codes always involve general supervision of the technician and clinical decision making by the psychologist or QHP and will always be billed in combination with the corresponding neuropsychological or psychological evaluation services code as follows.

- An appropriately state-licensed psychologist or behavioral health QHP provides a high degree of professional judgment and expertise in addition to technical competence in test administration.

- When testing is administered by a technician (codes 96138, 96139), the psychologist or QHP provides general supervision of the technician, oversight of the data and clinical decision making. These professional services would be captured under the professional evaluation service (codes 96130-96133).
- Psychological or neuropsychological test administration and scoring services should be reported with codes 96136-96139.
 - When a psychologist or QHP personally administers and scores the psychological or neuropsychological test (i.e., without the use of a technician), code 96136 will be reported for the first 30 minutes, and add-on code 96137 will be reported for each additional 30-minute increment of time required to complete the test administration and scoring service.
 - When a technician (non-psychologist or non-QHP under the supervision of a psychologist or QHP) administers and scores the test, code 96138 should be reported for the first 30 minutes of technician test administration and scoring services, and add-on code 96139 is reported for each additional 30-minute increment.
 - Note that the codes for the first unit (30 min) of test administration and scoring (96136, 96138) are to be used only once for the episode of the complete evaluation regardless of the frequency of the testing sessions required of the evaluation.
- It is common practice for both a psychologist and a technician to provide test administration and scoring for the same patient. Even when utilizing testing technicians, many psychologists and neuropsychologists incorporate their own test administration and scoring into the evaluation protocol. However, a National Correct Coding Initiative (NCCI) edit prevents CPT® codes 96136 and 96138 to be billed on the same day with the same patient without including an appropriate modifier.

Coding	
CPT/HCPCS	Description
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)

References and Resources

This policy has been developed through consideration of the following:

American Psychological Association
Centers for Medicare and Medicaid Services
Blue KC Provider Reference Guide

Related Documents

N/A

Revision History		
Version	Date	Summary of Revisions
001	11/01/2025	Initial version
002	11/1/2025	Update, Psychiatrist added to list of providers allowed to bill psychological and neuropsychological testing
003	12/15/2025	Update, corrected transposed CPT code