Priority Health	BILLING POLICY No. 186

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL SERVICES

Date of origin: 04/2026	Review dates: 08/2026

DEFINITION

The policy below outlines Priority Health coverage and guidelines around Psychological and Neuropsychological Testing Services.

Descriptions

Neuropsychological testing is a comprehensive, standardized assessment process used to evaluate the relationship between brain function and behavior. It is designed to measure a wide range of cognitive abilities and psychological processes, including:

- Attention and concentration
- Memory (short-term, long-term, verbal, and visual)
- Language and communication
- Executive functions (e.g., planning, organizing, problem-solving)
- Motor and sensory skills
- Visual-spatial abilities
- Processing speed
- Academic skills (e.g., reading, math, writing)

These tests are typically administered by a clinical neuropsychologist, a professional with specialized post-doctoral training in brain-behavior relationships. The results help identify cognitive deficits related to neurological conditions such as traumatic brain injury, stroke, dementia, epilepsy, multiple sclerosis, and developmental disorders like ADHD or autism spectrum disorder.

Neuropsychological assessments are performance-based, meaning they rely on objective tasks rather than self-report. They are often used to:

- Diagnose or rule out neurological or neurodevelopmental factors
- Monitor disease progression or recovery
- Guide treatment planning and rehabilitation
- Support educational or occupational accommodations

Psychological testing, by contrast, is a broader category of assessment that evaluates an individual's mental health, emotional functioning, personality traits, and general cognitive abilities. It includes tools such as:

- Intelligence tests (e.g., Wechsler scales)
- Personality inventories (e.g., MMPI-2)
- Projective tests (e.g., Rorschach Inkblot Test)
- Behavioral assessments
- Symptom checklists (e.g., Beck Depression Inventory)

Psychological testing is typically conducted by a clinical psychologist and is used to:

• Diagnose psychiatric conditions (e.g., depression, anxiety, bipolar disorder)
• Clarify complex mental health presentations
• Inform psychotherapy or psychiatric treatment
• Support legal or forensic evaluations

While both types of testing may overlap in certain areas (e.g., intelligence testing), neuropsychological testing is more specialized and detailed, particularly in assessing the functional impact of brain disorders

MEDICAL POLICY

MEDICAL POLICY NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL TESTING No. 91537-R7

FOR MEDICARE

For indications that don't meet criteria of NCD, local LCD or specific medical policy, a Pre-Service Organization Determination (PSOD) will need to be completed. Get more information on PSOD in our Provider Manual.

POLICY SPECIFIC INFORMATION

A minimum of at least 31 minutes must be provided to report any per hour code.

Psychological and neuropsychological testing is not covered for Alzheimer's diseases once a diagnosis has been made.

Neuropsychological testing is not covered for these conditions:
1. Member that are already diagnosed with a mental health condition such as depression who are not responding to standard treatment.
2. Members with autism spectrum disorders.
3. Members who may be put on long-term opioid therapy.
4. Members with the possible diagnosis of hysteria.

Neuropsychological testing is not covered or reimbursable indications including but not limited to when it is used primarily for: educational or vocational assessment or training • improving academic performance • baseline assessment of function • monitoring of chronic conditions when there is not a significant new change in behavior, mental state or cognition • screening purposes

NPT or PT for educational reasons is not covered.

The use of computerized neuropsychological assessment devices (e.g., Cognitrax) experimental, investigational, or unproven for screening asymptomatic / healthy individuals, and for other indications (e.g., screening and monitoring multiple sclerosis-related cognitive impairment; this is not an all-inclusive list) because the effectiveness of this approach has not been established.

Place of service

Coverage will be considered for services furnished in the appropriate setting to the patient's medical needs and condition. Authorization may be required. Get more information in our Provider Manual.

Documentation requirements

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the Provider. In addition, the Provider should consult any specific documentation requirements that are necessary for any applicable defined guidelines.

Coding specifics

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING:
Claims submitted with covered diagnosis codes in the below range will be paid under the behavioral health benefit.
F01-F99
CPT/HCPCS Codes:

CPT/HCPCS	Description
96116	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), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96121	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; 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)

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)
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

ICD-10
Testing for these diagnosis codes is not covered (list is not exhaustive):

ICD10	Description
R41.83	Borderline intellectual functioning
R45.850 - R45.851	Homicidal and suicidal ideations
R47.9	Unspecified speech disturbances
Z00.8	Encounter for other general examination
Z04.6	Encounter for general psychiatric examination, requested by authority
Z04.8	Encounter for examination and observation for other specified reasons
Z53.1	Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure
Z55.0 – Z55.9	Problems related to education and literacy
Z56.0 – Z56.9	Problems related to employment and unemployment
Z57.0 – Z57.9	Occupational exposure to risk factors
Z60.0 – Z60.9	Problems related to social environment
Z62.0 – Z62.9	Problems related to upbringing
Z63.0 – Z63.9	Other problems related to primary support group, including family circumstances
Z64.0 – Z64.4	Problems related to certain psychosocial circumstances
Z65.0 – Z65.9	Problems related to other psychosocial circumstances
Z69.010 - Z69.82	Encounter for mental health services for victim and perpetrator of abuse
Z73.0 – Z73.6	Problems related to life management difficulty
Z86.59	Personal history of other mental and behavioral disorders

Priority Health follows standard billing and coding guidelines which include CMS NCCI. Modifiers should be applied when applicable based on this guidance and only when supported by documentation.

FAQ

Resources

Related policies- Neuropsychological and Psychological Testing -91537
https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57481&ver=12
https://www.mibluecrosscomplete.com/amslibs/content/dam/microsites/blue-cross-complete/provider/bcc-neuropsychological-testing.pdf
https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/en_mm_0258_coveragepositioncriteria_neuropsychological_testing.pdf
https://www.aetna.com/cpb/medical/data/100_199/0158.html

Related denial language

DISCLAIMER

CMS and/or MDHHS guidelines apply unless otherwise specified in this policy or provider manual. Where such guidance is absent, this policy applies. Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS), and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS, and revenue codes for all claim submissions. CPT, HCPCPS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available in our Provider Manual.

CHANGE / REVIEW HISTORY

Date	Revisions made

April 2026	New Policy
August 2026	Deleted codes 96105, 96112, 96113, 96125 & 96127 due to these codes are not included under the medical policy benefit