

## Psychological/Neuropsychological Testing & Assessment FAQs

### Q. What CPT codes require prior authorization?

A: Refer to the applicable medical necessity guidelines for details on CPT codes that require prior authorization:

- [Psychological Testing & Assessment](#)
- [Neuropsychological Testing & Assessment](#)

CPT codes 96116 (neurobehavioral status exam, per hour) and 96121 (neurobehavioral status exam each additional hour) can be billed without prior authorization for up to three hours.

### Q. Can I bill for both psychological and neuropsychological testing at the same time? If so, how would I request those services?

A. Refer to the American Psychological Association’s (APA) guidelines on [Psychological and Neuropsychological Testing Codes for Psychologists](#) for more details. Often an assessment has elements of and uses for standardized tests from both the psychological and neuropsychological domains. Services should be coded by, and guidelines should be applied using, whichever psychological or neuropsychological assessment best addresses the primary diagnosis and/or referral question. The APA guidelines state that providers should choose the predominant type of testing assessment/evaluation they will be administering; either CPT codes 96130/96131 or 96132/96133.

### Q. How do I bill for testing evaluation services (96130-96133) and/or test administration and scoring services (96136-96139), as well as evaluation feedback, across multiple dates of service?

A. Per the APA’s [Updated Guidance on Billing and Coding](#), when a service is spread out over multiple visits, the total time for the evaluation should be submitted on one claim at the completion of the entire episode of evaluation ([NCCI 4/1/19](#), [CMS](#)). This claim should list both base and add-on CPT codes noting the different dates of service for the entire episode of evaluation.

**Note:** A base CPT code should only be submitted for the first unit of each type of service for the evaluation process. Subsequent units of service on the same or different days should be captured using add-on CPT codes.

### Q. Do members have a co-pay for every individual date of service throughout the testing episode?

A. Members should only have one co-pay for the entire episode of testing. To ensure this, providers should bill multiple dates of service on one claim, as stated above.

### Q. Is there a maximum hours/units per day or a maximum time of service (e.g. actual testing vs. professional CPT codes)?

A. Yes, refer to the chart below for unit limitations on the various CPT codes:

Service	CPT Code	Description	Units/Hrs. per day Limitation
Psychological testing	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standard test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member, when performed; first hour	1 unit

Service	CPT Code	Description	Units/Hrs. per day Limitation
	*96131	Each additional hour	7 units
Neuropsychological/Psychological testing by technician	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 mins	1 unit
	*96139	Each additional 30 mins	15 units
Psychological testing by computer	96146	Psychological or neurological test administration, with single automated instrument via electronic platform, with automated result only	1 unit
Neurobehavioral status exam, per hour	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, 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; first hour.	1 unit
	*96121	addition hour (paired with 96116)	7 units
Neuropsychological testing	96132	Neurological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standard test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member, when performed; first hour	1 unit

Service	CPT Code	Description	Units/Hrs. per day Limitation
	*96133	Each additional hour	7 units
Neuropsychological testing by Psychologist	96136	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 mins	1 unit
	*96137	Each additional 30 mins	15 units
Neuropsychological testing by computer	96146	Psychological or neurological test administration, with single automated instrument via electronic platform, with automated result only	1 unit

\* indicates an add-on CPT code should be billed in conjunction with the initial CPT code

**Q. How do I bill for inpatient psychological/neuropsychological evaluations?**

**A.** The majority of psychological/neuropsychological evaluations, performed in an inpatient setting, are billed by Tufts Health Plan's per diem rate with that hospital. Therefore, the payment details should be worked out between the evaluator and the hospital.

**Note:** For Skilled Nursing Facilities (SNFs), follow the typical prior authorization process.

**Q. How do I bill for Telehealth services?**

**A.** Billing for Telehealth services is product dependent. Refer to Tufts Health Plan's [Coronavirus \(COVID-19\) Updates for Providers](#) where current Telehealth billing information is summarized. Once on the webpage, scroll to the *Telehealth/Telemedicine* section, and then click on "Telehealth/Telemedicine Billing Guidelines."

**Note:** Providers contracting with Tufts Health Plan post-COVID-19 should reference applicable payment policies found in the [Resource Center](#) on Tufts Health Plan's public Provider website.

**Q. How do I bill for hybrid services where one portion is Telehealth and the other portion is in-person?**

**A.** To bill for hybrid services, providers should split the claim into separate lines and indicate which services were performed via Telehealth using **Place of Service 02 (POS02)**. For the services billed in-person, the provider should still bill using the applicable place of service (e.g. POS11).

**Q. Who do I contact with additional questions?**

**A.** Providers can contact Tufts Health Plan Provider Services at 888.884.2404 and be transferred accordingly based on their question:

- **Behavioral Health Commercial Call Center #: 800.208.9565**
- **Tufts Health Public Plans:**
  - **Tufts Health Together (MA Medicaid) and Tufts Health Direct (Exchange) Provider Services #: 888.257.1985**
  - **Tufts Health RITogether (RI Medicaid) Provider Services #: 844.301.4093**