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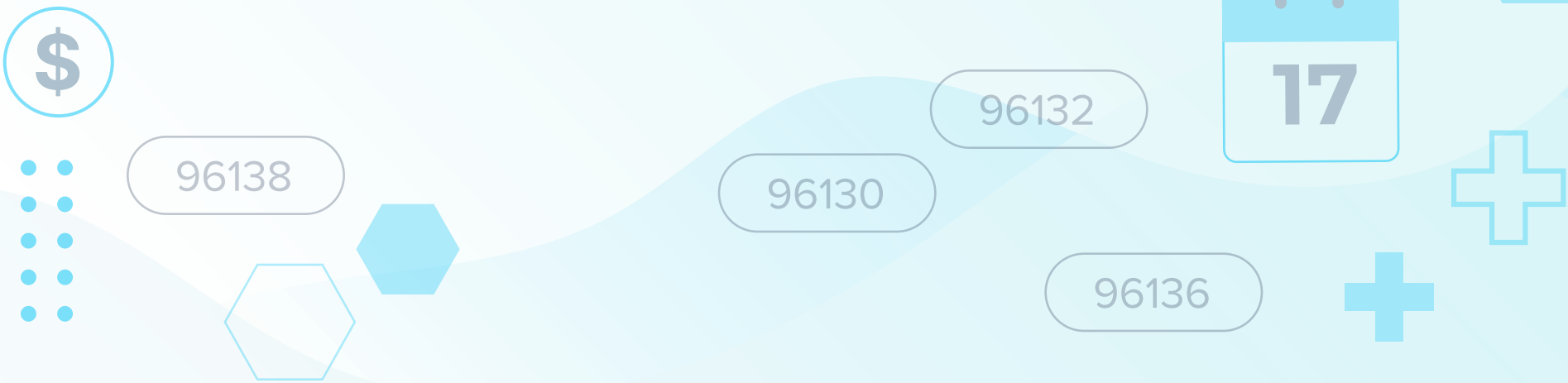
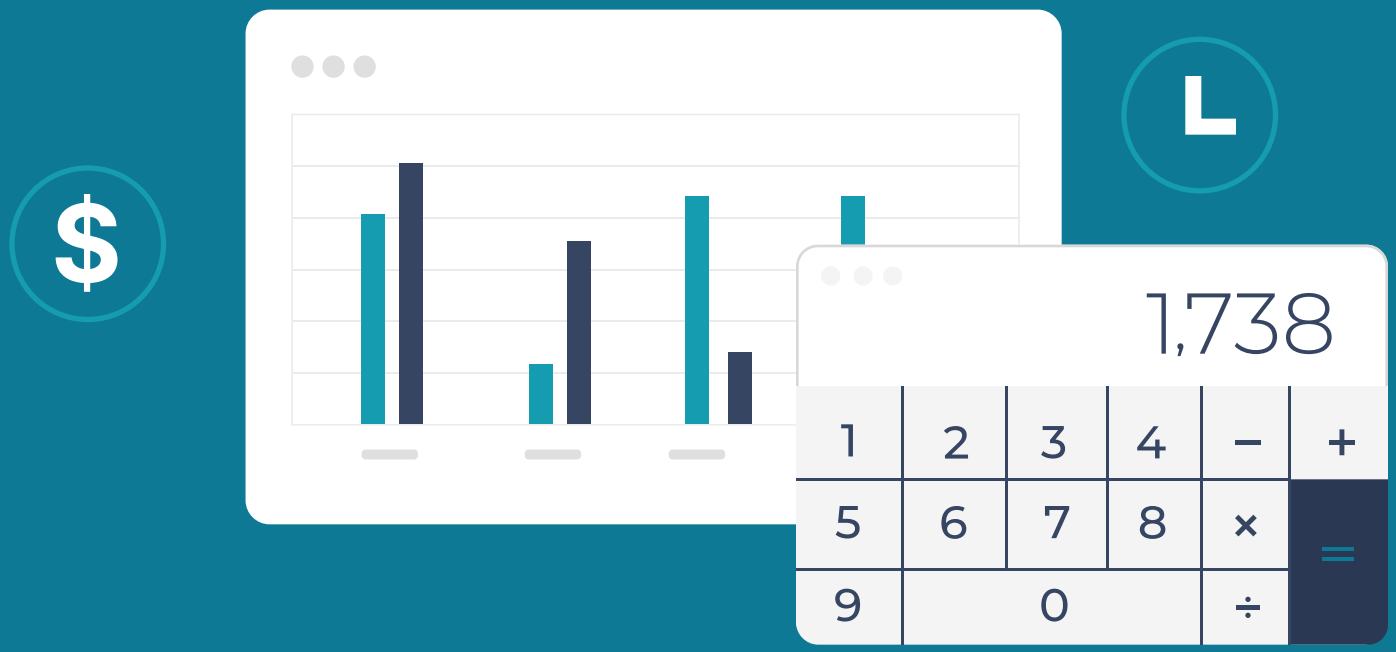
Reimbursement Quick Overview



Accurate billing and reimbursement for psychological and neuropsychological testing **depend on the correct use of CPT codes.** This guide provides a concise overview of essential codes for test evaluation, administration, screening, and care planning. It also outlines key coding considerations, fee values, and reporting tips.

Reviewing this guide will help you **understand commonly used codes and their requirements.** Always check payer guidelines and apply modifiers when appropriate to ensure accurate claims submission.



Most Commonly Applied Codes

Codes	Description	Value	Reporting Tips	Additional Notes
Neurological and Psychological Evaluation Services				
96130	Psychological testing evaluation services, by provider or QHP, first hour	$117.42	This code includes face-to-face and non-face-to-face time spent in record review, test selection, clinical decision making, discussion of results, outcome, and treatment plan with the patient and family member(s) or caregiver(s), when performed.	Selection between 96130 and 96132 is payer-specific and depends on factors such as test type, condition focus, and provider specialization. Always review payer policies before billing. **Common Examples:** **96130-96131:** anxiety disorders, depression, PTSD, ADHD (without psychological comorbidities), mood disorders, and other psychiatric conditions (without significant neurocognitive impairment). **96132-96133:** ASD, ADHD (with neurological complexity and/or comorbid psychological conditions), TBI, other neurocognitive or neurodevelopmental disorders.
+96131	+ Each additional hour	$82.81	Reportable for each additional 31-minute* increment, following initial hour, including evaluation activities performed on subsequent dates when billed on same claim as primary code 96130	
96132	Neuropsychological testing evaluation services, by provider or QHP, first hour	$125.18	This code includes face-to-face and non-face-to-face time spent in record review, test selection, clinical decision making, discussion of results, outcome, and treatment plan with the patient and family member(s) or caregiver(s), when performed.	
+96133	+ Each additional hour	$93.48	Reportable for each additional 31-minute* increment, following initial hour, including evaluation activities performed on subsequent dates when billed on same claim as primary code 96132.	

Neurological and Psychological Testing Services				
96136	Psychological/neuropsychological test administration by provider or QHP, via any method, 2+ tasks, first 30 minutes	$40.76	Report this code for the first 16+ minutes of administration and supervision by provider or QHP. May be performed by any method, for 2+ tasks/batteries.	The selection between 96136 and 96138 is based on the personnel supervising the administration of the test, not the distinction between psychological and neuropsychological testing. **CPT 96146** is used when a single task and/or unsupervised test administration is performed.
+96137	+ Each additional 30 minutes	$35.90	Reportable for each additional 16-minute increment, following the initial 30 minutes. Must be billed in addition to the base code 96136.	
96138	Psychological/neuropsychological test administration by technician, via any method, 2+ tasks, first 30 minutes	$33.64	Report this code for the first 16+ minutes of administration and supervision by technician. May be performed by any method, for 2+ tasks/ batteries.	
+96139	+ Each additional 30 minutes	$33.64	Reportable for each additional 16-minute increment, following the initial 30 minutes. Must be billed in addition to the base code 96138.	
96146	Test administration of single task, with automated result	$2.33	Report this code when the patient completes a single, standardized psychological or neuropsychological test, or testing is performed unsupervised; with a MUE of 1.	

Time-based codes **(96130-96139) follow the midpoint rule, where the reported time should exceed half of the total time for the service.*

**Fees are based on the Medicare National Fee Schedule, Non-Facility, 2025. Actual reimbursement values may vary by demographic location and payer.*

Screening Service Codes				
96127	Brief emotional/behavioral assessment (e.g., depression and anxiety screening, ADHD)	$4.53	Report this code when the patient completes an appropriate standardized screening tool; reported per unit with a MUE of 3. For Medicare patients, use G0444 for Annual Depression Screening.	Screening codes apply to questionnaires used to gather subjective data and are billed per questionnaire administered, these should not be billed when testing is performed in the same session.
96110	Developmental screening (e.g., autism)	$11.32	Report this code when the patient completes an appropriate standardized screening tool; reported per unit with a MUE of 3.	
Cognitive Assessment & Care Planning				
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the required elements	$266.21	A cognition-focused evaluation must include: a relevant history and exam; moderate-to-high complexity medical decision-making; a functional assessment, including decision-making capacity; standardized dementia staging tools; medication review; screening for neuropsychiatric symptoms; safety evaluations; caregiver assessment and support; and advance care plan should be developed or updated. The written care plan must be created to address symptoms, functional needs, and community resource referrals. Typically 50-60 minutes are required to report for this service. Do not report cognitive assessment and care plan services if any of the required elements are not performed or are deemed unnecessary for the patient's condition.	**Code 99483** is used for cognitive assessment and care planning, requiring a comprehensive evaluation of cognitive function, functional status, and caregiver support for individuals with dementia, mild cognitive impairment (MCI), or other cognitive disorders, such as Alzheimer's disease.

Need Additional Support?

Ensuring accurate billing and reimbursement for services can be complex.
If you have questions about coding, documentation requirements, or payer-specific policies, our team is here to help.

For further assistance, please reach out to **help@creyos.com.**