

## Neuropsychological Services

Policy Number: SC14P0011A2

Effective Date: May 1, 2018

Last Update: May 28, 2021

### PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
May 28, 2021	The Neuropsychological Services policy is being reposted. The policy was updated clarifying that certain codes must be billed in conjunction with another primary service. Refer to the code-set listed in the Modifiers, CPT/HCPCS and Revenue Codes section of this policy.
October 21, 2020	Annual policy reviewed completed. Based on changes made by MHCP, CPT code 96127 was added as an eligible service. The policy was moved to an updated UCare template and as a result some information may have been reformatted.
July 5, 2019	Annual policy review. CPT codes 96118, 96119, and 96120 were deleted and replaced with 96121, 96132, 96132, 96133, 96136, 96137, 96138, 96139, and 96146. The UCare logo and internal links within the document were updated.
May 1, 2018	The Neuropsychological Services policy is published by UCare

### APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Minnesota Senior Care Plus (MSC+)	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect	✓
UCare Connect +Medicare (When MHCP is the primary payer)	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	✓
UCare Medicare Plans	
UCare EssentiaCare	



## PAYMENT POLICY

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UCARE PRODUCT	APPLIES TO
UCare Medicare M Health Fairview & North Memorial	
UCare Individual & Family Plans	
UCare Individual & Family Plans M Health Fairview	

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**PAYMENT POLICY INSTRUCTIONS**

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

**PAYMENT POLICY OVERVIEW**

Neuropsychological assessment is a specialized clinical assessment focused on underlying cognitive abilities related to thinking, reasoning and judgment. A qualified neuropsychologist must conduct the assessment. Outlined below are the billing and payment guidelines associated with neuropsychological testing and assessments.

**POLICY DEFINITIONS**

TERM	NARRATIVE DESCRIPTION
Neurological Assessment	Means a specialized clinical assessment of the patient’s underlying cognitive abilities related to thinking, reasoning and judgment. The assessment must be conducted by a qualified neuropsychologist.
Neuropsychological Testing	Means administering standardized tests and measures designed to evaluate the patient’s ability to: <ul style="list-style-type: none"> <li>▪ Attend to, process, interpret, comprehend, communicate, learn and recall information</li> <li>▪ Use problem solving and judgment</li> </ul>
Notification	Means the process of informing UCare or their delegates of a specific medical treatment or service prior to billing for certain services. Services that require notification are not subject to review

TERM	NARRATIVE DESCRIPTION
	for medical necessity but must be medically necessary and covered within the member’s benefit set. Services submitted prior to notification will be denied by UCare. UCare does update its’ authorization, notification, and threshold requirements from time-to-time.
Prior Authorization	Means an approval by UCare or their delegates prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary. UCare requires certain services to be authorized before services begin. Services provided without an authorization will be denied. UCare does update its’ authorization, notification, and threshold requirements from time-to-time.

**ENROLLEE ELIGIBILITY CRITERIA**  
**THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT**

An individual must be enrolled and eligible for coverage in an UCare MHCP product in order to eligible for this service. Outlined below are the specific criteria for neuropsychological services:

**Neuropsychological Assessment**

An Enrollee is eligible for neuropsychological assessment if at least one of the following criteria is met:

- A brain disorder is known or strongly suspected to exist because of the patient’s medical history or a neurological evaluation. Examples of brain disorders include the following:
  - Brain disorder resulting from past significant head trauma
  - Brain tumor
  - Stroke
  - Seizure disorder
  - Multiple sclerosis
  - Neurodegenerative disorder
  - Brain disorder resulting from significant exposure to neurotoxins
  - Brain disorder resulting from central nervous system infection
  - Metabolic or toxic encephalopathy
  - Fetal alcohol syndrome

- Congenital malformations of the brain
- Cognitive or behavioral symptoms suggest the patient has an organic condition that cannot be readily attributed to functional psychopathology. Examples include the following:
  - Poor memory or impaired problem solving
  - Change in mental status evidenced by lethargy, confusion or disorientation
  - Deterioration in level of functioning
  - Marked behavioral or personality change
  - In children or adolescents, significant delays in acquiring academic skill or poor attention relative to peers
  - In children or adolescents, significant plateau in expected development of cognitive, social, emotional or physical function relative to peers
  - In children or adolescents, significant inability to develop expected knowledge, skills or abilities as required to adapt to new or changing cognitive, social, emotional or physical demands.

### **Neuropsychological Testing**

A patient is eligible for neuropsychological testing when one of the following is present:

- A significant mental status change that is not a result of a metabolic disorder and has failed to respond to treatment
- In children or adolescents, a significant plateau in expected development of cognitive, social, emotional or physical function relative to peers
- In children or adolescents, a significant inability to develop expected knowledge, skills or abilities as required to adapt to new or changing cognitive, social, emotional or physical demands
- A significant behavioral change, memory loss or other organic brain injury
- Suspected neuropsychological impairment in addition to functional psychopathology
- Traumatic brain injury
- Stroke
- Brain tumor
- Substance abuse or dependence
- Cerebral anoxic or hypoxic episode
- Central nervous system infection or other infectious disease
- Neoplasms or vascular injury of the central nervous system
- Neurodegenerative disorder
- Demyelinating disease
- Extrapyramidal disease

- Exposure to systemic or intrathecal agents or cranial radiation known to be associated with cerebral dysfunction
- Systemic medical condition known to be associated with cerebral dysfunction, including renal disease, hepatic encephalopathies, cardiac anomalies, sickle cell disease and related hematologic anomalies, and autoimmune disorders such as lupus erythematosus or celiac disease
- Congenital, genetic, or metabolic disorder known to be associated with cerebral dysfunction, such as phenylketonuria, craniofacial syndromes or congenital hydrocephalus
- Severe or prolonged malnutrition or malabsorption syndrome
- Condition presenting in a manner making it difficult for a clinician to distinguish between the following:
  - The neurocognitive effects of a neurogenic syndrome (such as dementia or encephalopathy) and
  - A major depressive disorder when adequate treatment has not resulted in improvement in neurocognitive functioning, or another disorder (for example, autism, selective mutism, anxiety disorder, or reactive attachment disorder).

Neuropsychological testing is not covered when performed:

- primarily for educational purposes;
- primarily for vocational counseling or training;
- for personnel or employment testing;
- as a routine battery of psychological tests given at inpatient admission or continued stay; and
- for legal or forensic purposes

**ELIGIBLE PROVIDERS OR FACILITIES**

**OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT**

**Provider**

MHCP Enrolled Licensed Psychologist with a Post-Doctoral Neuropsychology specialty.

**Facility**

Not applicable.

**Other and/or Additional Information**

Not applicable.

**EXCLUDED PROVIDER TYPES**

**OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.**

**MODIFIERS, CPT, HCPCS, AND REVENUE CODES**

**General Information**

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

**Modifiers**

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

MODIFIER(S)	NARRATIVE DESCRIPTION
HK	Intensive or Children’s Day Treatment

**CPT and/or HCPCS Code(s)**

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
96116		Neuropsychological assessment, (neurobehavioral status exam), first hour, neurobehavioral exam by physician or qualified

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
		neuropsychologist, includes face-to-face time with the patient and interpreting tests.
96121		Neuropsychological assessment (neurobehavioral status exam), each additional hour. <i>Used in conjunction with 96116.</i>
96132		Neuropsychological assessment (neurobehavioral status exam), first hour. Neuropsychological testing evaluation administered by a physician or qualified neuropsychologist, interpretation, analysis, and report.
96133		Neuropsychological assessment (neurobehavioral status exam), each additional hour. <i>Used in conjunction with 96132.</i>
96136		Neuropsychological testing/scoring (2+ tests), first thirty minutes. Neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests.
96137		Neuropsychological testing/scoring (2+ tests), each additional 30 minutes. <i>Used in conjunction with 96136.</i>
96138		Neuropsychological testing/scoring, any method, (2+ tests), first 30 minutes. Neuropsychological test administration and scoring by a clinically supervised technician, interpretation and report by a qualified neuropsychologist, first 30 minutes.
96139		Neuropsychological testing/scoring, any method, (2+ tests), each additional 30 minutes. <i>Used in conjunction with 96138.</i>
96146		Neuropsychological testing – electronic automated results only. Neurological test administration, with single automated, standardized instrument via electronic platform with automated results.
H2012	HK	Cognitive rehabilitation ( <i>Behavioral Health Day Treatment</i> )

CPT® is a registered trademark of the American Medical Association.

**Revenue Codes**

Not applicable.

**Additional / Other Information**

Not applicable.

## PAYMENT INFORMATION

### General Information

- Neuropsychological testing must be:
  - Administered or clinically supervised by a qualified neuropsychologist
  - Validated in a face-to-face interview between the patient and a qualified neuropsychologist
- When furnishing neuropsychological services, the following components are included in the service are not separately billable:
  - Face-to-face interview
  - Interpretation of test results
  - Preparation and completion of a written report
  - Face-to-face feedback provided to patient as part of the assessment process

Refer to UCare's Psychological Testing policy for information regarding psychological testing.

UCare follows MHCP guidelines when applying Master's level provider reductions to eligible mental health services. Master's level provider reductions are not applied to mental health services when they are furnished in a Community Mental Health Center (CMHC).

In addition to the Master's level provider reduction, UCare also applies a 23.7% increase to specific mental health services when furnished by the providers listed below:

- Psychiatrists;
- Advance Practice Nurses;
  - Clinical Nurse Specialist
  - Nurse Practitioner
- Community Mental Health Centers;
- Mental health clinics and centers certified under Rule 29 and designated by the Minnesota Department of Mental Health as an essential community provider;
- Hospital outpatient psychiatric departments designated by the Minnesota Department of Mental Health as an essential community provider; and
- Children's Therapeutic Services and Supports (CTSS) providers for services identified as CTSS in the DHS mental health procedure CPT or HCPCS codes and rates chart.

The grid below identifies whether the Master's level provider reduction and/or 23.7% increase applies to service(s) associated with psychological testing.

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	APPLY MASTER'S LEVEL REDUCTION	DOES 23.7% INCREASE APPLY?	PROVIDERS ELIGIBLE TO PERFORM SERVICE
96116		Neuropsychological assessment, (neurobehavioral status exam), first hour, neurobehavioral exam by physician or qualified neuropsychologist, includes face-to-face time with the patient and interpreting tests.	1 Hour	No	Yes	<ul style="list-style-type: none"> <li>Approved Psychologist</li> </ul>
96121		Neuropsychological assessment (neurobehavioral status exam), each additional hour. <i>Used in conjunction with 96116.</i>	1 Hour	No	Yes	<ul style="list-style-type: none"> <li>Approved Psychologist</li> </ul>
96132		Neuropsychological assessment (neurobehavioral status exam), first hour. Neuropsychological testing evaluation administered by a physician or qualified neuropsychologist, interpretation, analysis, and report.	1 Hour	No	Yes	<ul style="list-style-type: none"> <li>Approved Psychologist</li> </ul>
96133		Neuropsychological assessment (neurobehavioral status exam), <i>each additional hour. Used in conjunction with 96132.</i>	1 Hour	No	Yes	<ul style="list-style-type: none"> <li>Approved Psychologist</li> </ul>
96136		Neuropsychological testing/scoring (2+ tests), first thirty minutes. Neuropsychological test administration and scoring by physician or other qualified health	30 Minutes	No	Yes	<ul style="list-style-type: none"> <li>Approved Psychologist</li> </ul>

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	APPLY MASTER'S LEVEL REDUCTION	DOES 23.7% INCREASE APPLY?	PROVIDERS ELIGIBLE TO PERFORM SERVICE
		care professional, two or more tests.				
96137		Neuropsychological testing/scoring (2+ tests), <i>each additional 30 minutes. Used in conjunction with 96136.</i>	30 Minutes	No	Yes	<ul style="list-style-type: none"> <li>Approved Psychologist</li> </ul>
96138		Neuropsychological testing/scoring, any method, (2+ tests), first 30 minutes. Neuropsychological test administration and scoring by a clinically supervised technician, interpretation and report by a qualified neuropsychologist, first 30 minutes.	30 Minutes	No	Yes	<ul style="list-style-type: none"> <li>Approved Psychologist</li> </ul>
96139		Neuropsychological testing/scoring, any method, (2+ tests), <i>each additional 30 minutes. Used in conjunction with 96138.</i>	30 Minutes	No	Yes	<ul style="list-style-type: none"> <li>Approved Psychologist</li> </ul>
96146		Neuropsychological testing – electronic automated results only. Neurological test administration, with single automated, standardized instrument via electronic platform with automated results.	Per session	No	Yes	<ul style="list-style-type: none"> <li>Approved Psychologist</li> </ul>
H2012	HK	Cognitive rehabilitation ( <i>Behavioral Health Day Treatment</i> )	1 Hour	Yes	Yes	<ul style="list-style-type: none"> <li>DHS approved provider agency, Multidisciplinary Team: CNS-MH;</li> </ul>

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	APPLY MASTER'S LEVEL REDUCTION	DOES 23.7% INCREASE APPLY?	PROVIDERS ELIGIBLE TO PERFORM SERVICE
						LICSW; LMFT; LPCC; LP; MH Practitioner; NP; Psychiatrist

## BILLING REQUIREMENTS AND DIRECTIONS

### General Information

- Bill neuropsychological services online using the 837P format.
- Do not bill 96116 on the same day as 96150 or 96151
- Comply with National Correct Coding Initiative (NCCI) standards for applying appropriate modifiers when billing any of the following combination of codes on the same day:
  - 96132 with 96136, 96138 or 96146
  - 96138 with 96116, 96132 or 96146
  - Other service code pairings with 96132, 96138 or 96146

### Time Based Services

When billing for services that include time as part of their definition, follow HCPCS and CPT guidelines to determine the appropriate unit(s) of service to report. Based on current guidelines, providers must spend more than half the time of a time-based code performing the service to report the code. If the time spent results in more than one- and one-half times the defined value of the code, and no additional time increment code exists, round up to the next whole number. Outlined below are the billable units of service based on whether the description of the service includes the unit of measurement of 15 minutes or 60 minutes:

MINUTES	BILLABLE UNITS
<b>Fifteen (15) Minute Increments</b>	
0 – 7 minutes	0 (no billable unit of service)
8 – 15 minutes	1 (unit of billable service)
<b>Sixty (60) Minute Increments</b>	
0 – 30 minutes	0 (no billable unit of service)
31 – 60 minutes	1 (unit of billable service)

**PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION****Prior Authorization, Notification and Threshold Requirements**

UCare does update authorization, notification and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

**RELATED PAYMENT POLICY INFORMATION  
OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR  
MAY HAVE AN IMPACT ON THIS POLICY.**

POLICY NUMBER	POLICY TITLE
SC17P0057A3	Psychological Testing

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

**SOURCE DOCUMENTS AND REGULATORY REFENCES  
LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY  
REFERENCES USED TO CREATE THIS POLICY**

[MHCP Provider Manual, Mental Health Services, Neuropsychological Services](#)

[Minnesota Rules, part 9505.0370, subparts 22 and 23 \(Definitions\)](#)

[Minnesota Rules, part 9505.0372, subparts 2 and 3 \(Covered Services\)](#)

**POLICY QUESTION(S) AND ANSWER(S)**

Q1:

A1:

**DISCLAIMER**

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®\*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”