healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Psychological and Neuropsychological Testing		
Policy Number:	PO-RE-131v1		
Effective Date:	5/01/2025	**Last Approval Date:**	03/17/2025

I. Policy Description

Effective May 1st, 2025, Healthfirst will implement a new reimbursement policy for Psychological-Neuropsychological testing. This policy is aligned with Local Coverage Determination L34520 and Local Coverage Article A57780 R-10-01-2024 (Jurisdiction N). Under this policy, reimbursement for Psychological-Neuropsychological testing will be contingent upon the submission of an approved diagnosis code on the claim. Claims submitted without an approved diagnosis code will not be eligible for reimbursement.

The information below applies to the following lines of business:

- Child Health Plus (CHP)
- Medicaid Managed Care (MMC)
- Medicare Advantage
- Personal Wellness Plan (PWP)/Health & Recovery (HARP)
- Qualified Health Plan (QHP)
- Essential Plan (EP)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Medicare PPO

Policy Scope

This policy applies to all claims submitted for Psychological-Neuropsychological testing conducted on or after the effective date. It is applicable to all providers and facilities that offer these testing services to Healthfirst members.

Reimbursement Guidelines

1. Diagnosis Code Requirement:
   - The following are examples of approved diagnosis codes for Psychological-Neuropsychological testing:
     - Alzheimer's disease (G30-G30.9)
     - Mental and behavioral disorders due to psychoactive substance use (F10.11-F19)
     - Mental disorders due to known physiological conditions (F01-F09)
     - Mood (affective) disorders (F30-F39)

- Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders (F20-F29)

2. Documentation Requirement:
   - All documentation must be maintained in the patient's medical record and made available upon request.
   - The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

3. Claim Submission:
   - All claims must be submitted electronically or via the appropriate billing format and include the relevant diagnosis code.
   - Claims lacking an approved diagnosis code will be denied reimbursement.

Adjudication and Appeal Process

1. Reimbursement for Psychological-Neuropsychological testing will be based on the provider's scope of work and the provider's contract with Healthfirst.

2. Claim submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

3. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

II. Applicable Codes

Code	Description	Comment
96130	Psychological testing evaluation services by physicians or other qualified health care professionals, 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 physicians or other qualified health care professionals, 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 physicians or other qualified health care professionals, 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 physicians or other qualified health care professionals, 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)	
G0451	Development testing, with interpretation and report, per standardized instrument form	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

LCD - Psychological and Neuropsychological Tests (L34520)
Article - Billing and Coding: Psychological and Neuropsychological Tests (A57780)

VI. Revision History

Revision Date	Summary of Changes

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Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Approval Date/ Signatures:

1. **Legal**

Daniel Weeks	Associate General Counsel
Print Name	Title
Signature	Date

2. **Regulatory**

Christine Logreira	VP, Regulatory
Print Name	Title
Signature	Date