Lucet™

Psychological/Neuropsychological Testing

Frequently Asked Questions

Provider Guide

Frequently Asked Questions

If you have questions about psychological or neuropsychological testing (PNT), these FAQs can help. These are common questions about PNT Authorizations, Testing Administration, or Claims Submissions.

Authorizations

Question 1: Where can I find Lucet's *Psychological and Neuropsychological Testing Policy*?

Answer 1: You can locate the *Lucet Psychological and Neuropsychological Testing Policy* by going to: https://lucethealth.com/providers/resources/mnc/. Scroll down the page to the Medical Policies section and select "20## Lucet - PNT Criteria".

Question 2: Where can I submit an authorization request for Psychological / Neuropsychological testing?

Answer 2: Providers have the following two choices for authorization requests:

 a. Through Webpass (https://webpass.ndbh.com/). **Search for and select the member.** Click on 'Clinical Forms' then select 'New' next to the 'Psychological Testing' option.
 b. Through fax submission. The *Request for Psychological and Neuropsychological Testing Form* is located on the Lucethealth.com website Provider Section (https://lucethealth.com/providers/resources/mnc/). Scroll down the page to the Medical Policies section under "20## Lucet - PNT Criteria".

Question 3: Can I submit more than one authorization request if I administer more testing than the original request?

Answer 3: Yes, but we strongly encourage all episodes of care units to be submitted within the same request.

Question 4: Can I request authorization for technician-administered CPT® codes only?

Answer 4: No, all authorization requests must include a minimum of one Qualified Health Professional CPT® code.

Question 5: I would like to administer an inventory that is not peer-reviewed or published yet, can I obtain authorization for this?

Answer 5: No, only peer-reviewed tools/tests can be administered and authorized through the PNT Process. Approval for authorization and payment is only applicable to standardized tests that are based on published, national, normative data with scoring resulting in standardized or scaled scores.

Question 6: The tools that I am administering are all self-administered and self-scored. Can I request authorization for them?

Answer 6: No. While self-administered and self-scored tests may be useful, testing must be administered by qualified health professionals to be authorized.

Question 7: Can I administer more than one computerized test (CPT® code: 96146)?
Answer 7: Yes, but Lucet can only authorize for the administration of one per testing episode.

Question 8: When is it appropriate to deliver psychological testing?
Answer 8: Psychological (CPT® codes: 96130/96131) testing should be billed when a provider is performing a comprehensive psychological assessment. Unless testing is a component of a comprehensive assessment, these codes should not be used when providing brief screenings or assessments to monitor patient progress during routine therapy sessions or psychiatric follow-up visits.

Question 9: When is it appropriate to deliver neuropsychological testing?
Answer 9: Neuropsychological (CPT® codes: 96132/96133) testing should be billed when a provider is performing a comprehensive neuropsychological assessment. Unless testing is a component of a comprehensive assessment, these codes should not be used when providing brief screenings or assessments to monitor patient progress during routine therapy sessions or psychiatric follow-up visits.

Testing Administration

Question 10: Does a face-to-face interaction need to occur before the testing takes place?
Answer 10: Yes, in most cases documentation of face-to-face contact is needed prior to administering testing.

Question 11: Can testing be for education, vocational, or evaluation of medication efficacy purposes?
Answer 11: No, PNT testing cannot be for education, vocational, or evaluation of medication efficacy purposes. Testing should be for diagnostic purposes to guide treatment planning decisions.

Question 12: Can I deliver testing when the member cannot participate?
Answer 12: No, the results would not be valid if the member is not able to participate in the testing.

Question 13: The member received testing recently and would like to be retested. Can they be authorized and re-tested?
Answer 13: It depends. There must be a valid reason to re-administer testing and the administration must be valid within the constraints of the tests being administered. Member request alone is not a valid reason to re-administer testing.

Question 14: What are the technician supervision requirements?
Answer 14: Technician services must be delivered by individuals who receive direct supervision that meets all applicable state laws and regulations, including those governing supervisor licensure.

Claim Submission

Question 15: How are benefits applied to pay the claim?
Answer 15: Claims will apply deductible, coinsurance, and copay based on benefits per individual and group plan type.

Question 16: Should I submit the claim as a medical benefit or a behavioral health benefit?
Answer 16: The member's diagnosis will determine the system the claims should be submitted through. The diagnosis code submitted in conjunction with the CPT® procedure code will determine what benefit rule will apply when a claim is submitted to the Health Plan for adjudication.

Question 17: When should I submit the claim?
Answer 17: Claims should be submitted upon the completion of all testing-related services rendered. This includes, but is not limited to, all activities related to pre-assessment planning, test administration, scoring, integration of data, report write up and feedback session. If testing takes place across multiple days, the claim should be submitted at the conclusion of all services and indicate each different day of administration.

Question 18: Are there additional information and resources available for me depending upon which Network I am in?
Answer 18: Providers should refer to their respective Health Plan materials.

Question 19: Are there any daily limits for codes?
Answer 19: Lucet utilizes the CMS Daily Medically Unlikely Edits (MUE). Information can be found at: https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE

References

1. Lucet Health Psychological-Neuropsychological Testing (PNT) WebPass Guide: https://uat-webpass.ndbh.com/doc/PNT%20WebPass%20Guide.pdf
2. Daily Medically Unlikely Edits (MUE) Link: https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE
3. Lucet Health Psychological and Neuropsychological Testing Policy: https://lucethealth.com/providers/resources/mnc/
4. American Psychological Association Services, Inc., 2024 Psychological and Neuropsychological Testing Billing and Coding Guide: https://www.apaservices.org/practice/reimbursement/health-codes/testing/billing-coding
5. American Psychological Association Services, Inc., 2019 Psychological and Neuropsychological Testing Billing and Coding Guide Addendum: https://www.apaservices.org/practice/reimbursement/health-codes/testing/billing-coding-addendum.pdf
6. Buros Center for Testing Website: https://buros.org/about-us-0#mission
7. AMA Current Procedural Terminology (CPT®) Codebook: https://commerce.ama-assn.org/store/ui

CPT® Codes

Psychological/Neuropsychological Testing	
Neurobehavioral Status Exam	
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; only one unit of this code allowed
96121 add-on	Each additional hour (List separately in addition to the primary procedure code); Must be billed with CPT® Code 96116
Test Evaluation Services	
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; Daily Medically Unlikely Edits (MUE) Limit (CMS) = 1
96131 add-on	Each additional hour (List separately in addition to the primary procedure code); Must be billed with CPT® Code 96130
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; only one unit of this code allowed Daily Medically Unlikely Edits (MUE) Limit (CMS) = 1
96133 add-on	Each additional hour (List separately in addition to the primary procedure code); Daily MUE Limit (CMS) = 7; Must be billed with CPT® Code 96132
Test Administration and Scoring	
96136	Psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional, two or more tests, any method, first 30 minutes; only one unit of this code allowed; Daily MUE Limit (CMS) = 1
96137 add-on	Each additional 30 minutes (List separately in addition to the primary procedure code); Daily MUE Limit (CMS) = 11; Must be billed with CPT® Code 96136
96138	Psychological or neuropsychological test administration and scoring by a technician, two or more tests, any method; first 30 minutes; only one unit of this code allowed; Daily MUE Limit (CMS) = 1
96139 add-on	Each additional 30 minutes (List separately in addition to the primary procedure code); Daily MUE Limit (CMS) = 11; Must be billed with CPT® Code 96138
Automated Testing and Result	
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only; Daily MUE Limit (CMS) = 1
Note: Contracted CPT® Codes and services vary by state and plan. There may be CPT® Codes listed above that are not in specific provider contracts and this document does not alter provider contract agreements.	