

Psychological, Neurobehavioral and Neuropsychological Testing

Service Considerations

When UnitedHealthcare Community Plan members in Texas are in need of mental health or substance use disorder services, an interview with the member can help determine a clear course of action. Please review the following information to better understand what to consider when billing for these types of psychological, neurobehavioral and neuropsychological testing services.

Service Type		Codes by Provider		
		Physician	Psychologist	Other Professional ²
Neurobehavioral Testing	60 (Initial hour)	96116	96116	NA
	60 ¹ (Each additional hour after first hour of 96116)	96121	96121	NA
Psychological Test Administration and Scoring	60 (Initial hour)	96130	96130	NA
	60 ¹ (Each additional hour after first hour of 96130)	96131	96131	NA
	Testing Administration and Scoring 30 (Initial 30 minutes)	96136	96136	NA
	Testing Administration and Scoring 30 ¹ (Each additional 30 minutes after the first 30 minutes of 96136)	96137	96137	NA
Neuropsychological Testing	60 (Initial hour)	96132	96132	NA
	60 ¹ (Each additional hour after first hour of 96130)	96133	96133	NA
	Test Admin and Scoring 30 (Initial 30 minutes)	96136	96136	NA
	Test Admin and Scoring 30 ¹ (Each additional 30 minutes after the first 30 minutes of 96136)	96137	96137	NA

¹ Add-on procedure codes need to be billed with their corresponding primary procedure code.

² Other professionals include Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT) and licensed professional counselor (LPC). Psychological, Neurobehavioral and Neuropsychological testing will not be reimbursed to these professionals.

Diagnosis Requirements

Behavioral health services are only eligible with certain diagnosis codes. For more information, go to tmhp.com > Provider > Medicaid Provider Manual > [Behavioral Health and Case Management Services Handbook](#) > 4.2 Services, Benefits and Limitations.

Modifier Requirements

Federally Qualified Health Centers (FQHCs) must submit claims using the appropriate modifier for the following codes: 96116, 96130, 96132 and 96136.

Modifier	Description
AH	Clinical Psychologist
AJ	Social Worker
AM	Physicians and physician-supervised prescribers. Includes advanced practice registered nurse and physician assistants
U1	Licensed Professional Counselor
U2	Licensed Marriage and Family Therapist

Delegated Services

Any outpatient mental health services provided by a Psychologist, Licensed Psychological Associate (LPA), Provisionally Licensed Psychologist (PLP), Psychological intern or Post-doctoral Fellow need to be billed with a modifier under the supervising psychologist's Medicaid provider identifier or the Medicaid identifier of the legal entity employing the supervising psychologist. Claims submitted by a psychologist without a modifier or with two of these modifiers on the same detail will be denied.

Services performed by the LPA or PLP will be reduced by 70 percent of the psychologist reimbursement fee schedule rate. Services performed by the psychology intern or the post-doctoral fellow will be reduced to 50 percent of the psychologist reimbursement fee schedule rate. To help prevent denials, please use the most appropriate single modifier along with procedure codes for licensed psychologists and their delegated services.

Modifier	Description
AH	Clinical Psychologist
UB	Intern or post-doctoral psychology Fellow
UC	LPA
U9	PLP

Only a Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselor (LPC), APRN or PA actually performing the service may bill Texas Medicaid and not bill for services performed by people under their licensure supervision, whereas, physicians and psychologists can delegate the provision of services.

Daily and Yearly Limits

The following services are limited to a total of four hours per day, eight hours per calendar year, per member when delivered by any provider. Additional hours require prior authorization when medically necessary.

- Psychological testing evaluation: Procedure codes 96130, 96131, 96136, 96137 (formerly 96101)
- Neurobehavioral testing: Procedure codes 96116 and 96121
- Neuropsychological testing evaluation: Procedure codes 96132, 96133, 96136 and 96137 (formerly 96118)

Neurobehavioral testing can't be reimbursed on the same date of service as an initial psychiatric diagnostic evaluation (90791 and 90792) to the same provider. Psychological testing, neurobehavioral testing and neuropsychological testing won't be paid for the same date of service to the same provider, and can't be billed on the same day, with any provider, as electroconvulsive therapy (ECT).

12-Hour System Limitation

The following provider types need to be currently enrolled in Texas Medicaid and are limited to a maximum combined total of 12 hours per provider, per day for inpatient or outpatient behavioral health services:

- Psychologist
- APRN
- PA
- LCSW
- LMFT
- LPC

Psychiatric diagnostic evaluation (90791, 90792), psychotherapy (90832, 90833, 90834, 90836, 90838, 90837, 90838, 90846, 90847, 90853), ECT (90870) and other psychiatric services (90899) are included in the count for the total allowed 12 hours per provider, per day.

Prior Authorization

Psychological (96130, 96131, 96136, 96137) and neuropsychological testing (96132, 96133, 96136, 96137) and neurobehavioral status exams (96116, 96121) services are available without prior authorization for total of four hours per day, eight hours per calendar year per member when delivered by any provider. Services over these limits may be considered prior to service through a prior authorization request with documentation supporting medical necessity. The documentation should include:

- Identifying client information
- Provider name and identifier
- Current DSM diagnosis(es)
- Indication of court-ordered or Department of Family Protective Services (DFPS) directed services
- Type of testing requested (psychological, neurobehavioral or neuropsychological) including specific procedure code(s)
- Rationale for requested testing including current symptoms
- Previous history and testing results

You may request prior authorization:

- **Online:** Use the Prior Authorization and Notification tool on Link. Sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Fax:** 877-940-1972. See forms at uhcprovider.com/Txcommunityplan > Prior Authorization and Notification Prior Authorization Forms > [Texas Standard Prior Authorization Request Form for Health Care Services](#).
- **Phone:** 866-604-3267

Retrospective Review

We're reviewing our claims payments for these services for the past year. Errors may have occurred related to missing or inappropriate corresponding codes or therapy duration over the allowable time without a prior authorization for continued treatment. We'll reach out directly if it's determined we've made payments in error.

We're Here to Help

If you have questions, please contact your Provider or Physician Advocate or call Customer Service at **888-887-9003**, 8 a.m. – 6 p.m., Central Time, Monday – Friday. Thank you.

UnitedHealthcare Community Plan is the trade name of UnitedHealthcare Insurance Company in the Texas Health and Human Services Commission's STAR+PLUS Central and Northeast Medicaid Rural Service Areas. UnitedHealthcare Community Plan is the trade name of UnitedHealthcare Community Plan of Texas LLC in the following service delivery areas: Jefferson, Harris, Hidalgo, Nueces and Travis.

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