

The logo for 'connectedmind' features a circular icon with a stylized 'C' and 'M' inside, followed by the text 'connectedmind' in a lowercase, sans-serif font.

# Billing Guide

For Psychological Screening and Testing





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# Quick Reference

An at-a-glance overview of key codes and requirements.

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<u>Type</u>	<u>Performed By</u>	<u>Code</u>	<u>Conditions</u>	<u>Minimum Time</u>	<u>Allowable</u>	<u>Telemed</u>
Screening	Any	96127	1-3	NA	\$4.97	Through 2026
Test Administration	Provider	96136	2+	16 Minutes	\$43.94	Through 2026
Test Administration	Technician	96138	2+	16 Minutes	\$37.73	Through 2026
Test Evaluation	Provider	96130	1+	31 Minutes	\$124.74	Through 2026





# Screening

Mental health screening aims to detect conditions in a broad patient population.

Methods include paper-based tools, computer assessments, or physician interviews during routine exams.

The objective: Apply evenly to identify as many affected individuals as possible.

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# Screening Codes

## [CPT 96127](#)

### **Definition:**

**Brief** emotional/behavioral assessment with scoring and documentation, per standardized instrument.

### **Recommended Fee Schedule:**

Average Medicare allowable of: \$4.97 Recommended charge of: \$11.18

### **Note:**

According to the [MUE](#) the 96127 CPT code may be billed up to **3 Units** per date of service. Make sure if multiple screenings are run, CPT code 96127 is on the CMS form only 1 time. The additional screenings are added to the units line of the CMS form; 1 unit for each assessment.

## [ICD10 codes](#)

**Medicare** covers 96127 for mental health screening for visits other than the Medicare Annual Wellness Visit. Use G0444 for the Medicare Annual Wellness Visit. See restrictions below.

**Most Major Medical:** Most insurance companies cover the 96127 for mental health screening. See restrictions below.

**ICD10 Coding:** Most insurance companies accept the generic screening ICD-10 code **Z13.xx** (ie. Z13.31, Z13.39, Z13.89) if results are negative and either **Z13.xx** or **codes beginning in F** if the results are positive.

**Restrictions:** Do not bill 96127 on the same day as a Medicare Annual Wellness Visit. Instead bill G0444 with 1 unit and no modifier. Use the MAWV ICD10 code to justify the G0444. G0444 Medicare Allowable is \$17.24 and the recommended charge is \$39.00. Do not bill 96127 on the same day as 90791, 90792, 99406 - 99409, or any Psychotherapy codes.

# Test Administration

Once the potential for a mental health condition has been established by either screening or the presence of a comorbid condition, testing is used to determine the presence or absence of that mental health condition.

For the purpose of billing, test administration requires “medical necessity” and must be justified by a related ICD-10 code.

Test administration can be performed by either a physician or qualified healthcare professional, or a technician under the supervision of a physician or qualified healthcare professional, using the method allowed for each code.

## Test Administration Codes

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### [CPT 96136](#)

**Definition:**

Psychological or neuropsychological test administration and scoring by **physician** or other qualified healthcare professional, **two or more tests, any method**, first 30 minutes. Note: For each additional 30 minutes use CPT code 96137.

**Recommended Fee Schedule:**

Average Medicare allowable of: \$43.94. Recommended charge of: \$98.87

### [CPT 96138](#)

**Definition:**

Psychological or neuropsychological test administration and scoring by **technician**, **two or more tests, any method**, first 30 minutes.

Note: For each additional 30 minutes use CPT code 96139.

**Recommended Fee Schedule:**

Average Medicare allowable of: \$37.73. Recommended charge of: \$84.89

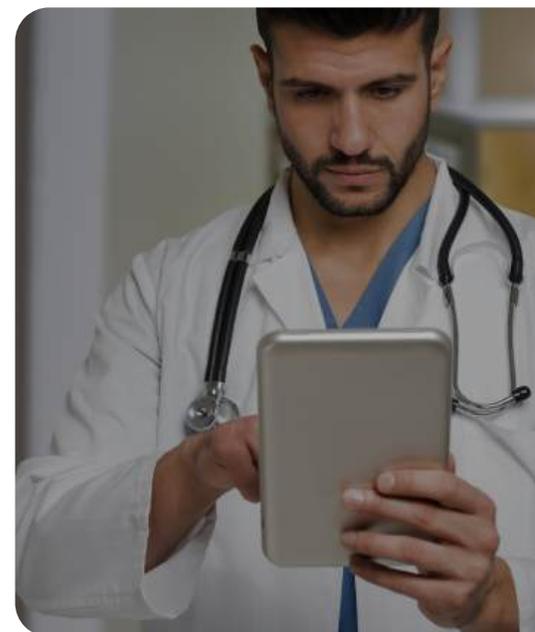
### [CPT 96146](#)

**Definition:**

Psychological or neuropsychological test administration, with **single** automated instrument **via electronic platform**, with automated result **only**.

**Recommended Fee Schedule:**

Average Medicare allowable of: \$2.29. Recommended charge of: \$5.15



### [ICD10 codes](#)

**Medicare** requires mental health related ICD10 codes (generally codes beginning in F) or codes for symptoms related to mental health conditions - refer to the latest [Medicare Billing and Coding Articles](#) for the exact covered codes. See restrictions below.

**Most Major Medical** requires mental health related ICD10 codes (generally codes beginning in F) or codes for symptoms related to mental health conditions. See restrictions below.

**Restrictions:** Do not bill 96136, 96138 or 96146 on the same day as 96127, G0444, G0442, 90791, 90792, 99406 - 99409, or any Psychotherapy codes.



# Test Evaluation Services

Test evaluation services are designed to cover the physician or qualified healthcare professional's time in evaluating the results of a patient's mental health tests and determining a plan of action.

## Test Evaluation Codes

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### [CPT 96130](#)

#### **Definition:**

Psychological testing evaluation services by **physician** or other qualified healthcare 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

Note: For each additional one-hour use CPT code 96131.

#### **Recommended Fee Schedule:**

Average Medicare allowable of: \$124.74 Recommended charge of: \$280.67

### [ICD10 codes](#)

**Medicare** requires mental health related ICD10 codes (generally codes beginning in F) or codes for symptoms related to mental health conditions - refer to the latest [Medicare Billing and Coding Articles](#) for the exact covered codes. See restrictions below.

**Most Major Medical** requires mental health related ICD10 codes (generally codes beginning in F) or codes for symptoms related to mental health conditions. See restrictions below.

**Restrictions:** Do not bill 96130 on the same day as 96127, G0444, G0442, 90791, 90792, 99406 - 99409, or any Psychotherapy codes.

# NCCI Guidelines

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The psychiatric diagnostic interview examination (CPT codes 90791, 90792), psychological/neuropsychological testing (CPT codes 96136-96146), and psychological/ neuropsychological evaluation services (CPT codes 96130-96133) must be distinct services if reported on the same date of service. CPT Professional codebook instructions permit physicians to integrate other sources of clinical data into the report that is generated for CPT codes 96130-96133.

Since the procedures described by CPT codes 96130-96139 are timed procedures, providers/suppliers shall not report time for duplicating information (collection or interpretation) included in the psychiatric diagnostic interview examination and/or psychological/neuropsychological evaluation services or test administration and scoring



# Modifiers

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The following modifiers should be used together when billing all mental health codes. Failing to use modifiers correctly WILL cause a denial of your claim in most situations.

Modifier 25 must be present on the E&M code and the E&M code must be first on the CMS form.

Modifier 59 must be present on the Mental Health code and the Mental Health code must be used after the E&M code on the CMS form.

# Additional Notes

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- 96127 should not be billed with 96130, 96136, 96138, or 96146
- 96136 OR 96138 can be billed with 96130 as long as the time for each service is counted separately
- If complexity is used to calculate your E&M code then you cannot count the services performed for 96130, 96136, or 96138 during the E&M complexity calculation.
- If time is used to calculate your E&M code then it must be separate from the time spent performing services for 96130, 96136, or 96138
- Make sure that the ICD-10 codes used to justify the E&M are different from those used to justify 96127, 96130, 96136, 96138, or 96146 or those codes **WILL** be bundled with the E&M and not paid separately
- When determining if time was met for a timed code, you must have at least 1/2 of the code time plus 1 minute. For example a 30 minute code like 96136 or 96138 would require at least 16 minutes of total time administering a test, confirming answers, etc. in order to count.

# Psychiatrists Only

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- You cannot bill 90792 along with 96127, 96130, 96136, 96138, or 96146, as they are essentially for the same services.
- You can bill an E&M code along with 96127, 96130, 96136, and/ or 96138. Depending on the situation it may make more sense to use an E&M along with a 96130 and a 96136 or 96138. The key is that you cannot “double dip”, using the same time or services used for 96130, 96136, or 96138 to calculate your E&M code.
- Make sure that the ICD-10 codes used to justify the E&M are not used to justify 96127, 96130, 96136 or 96138, or those codes **will** be bundled with the E&M and not paid separately
- Make sure, in your visit note, to clearly distinguish between what was done as part of the E&M and what was done as part of the 96127, 96130, 96136 and/ or 96138

# Therapists Only

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- Therapists cannot bill any codes on this billing guide
- 90791 is the code designed to cover psychological screening, testing, and evaluation services



# General Limitations

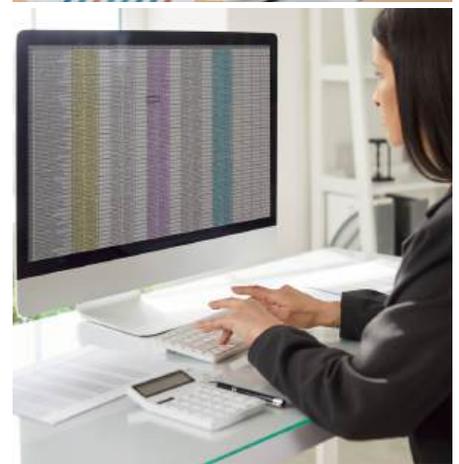
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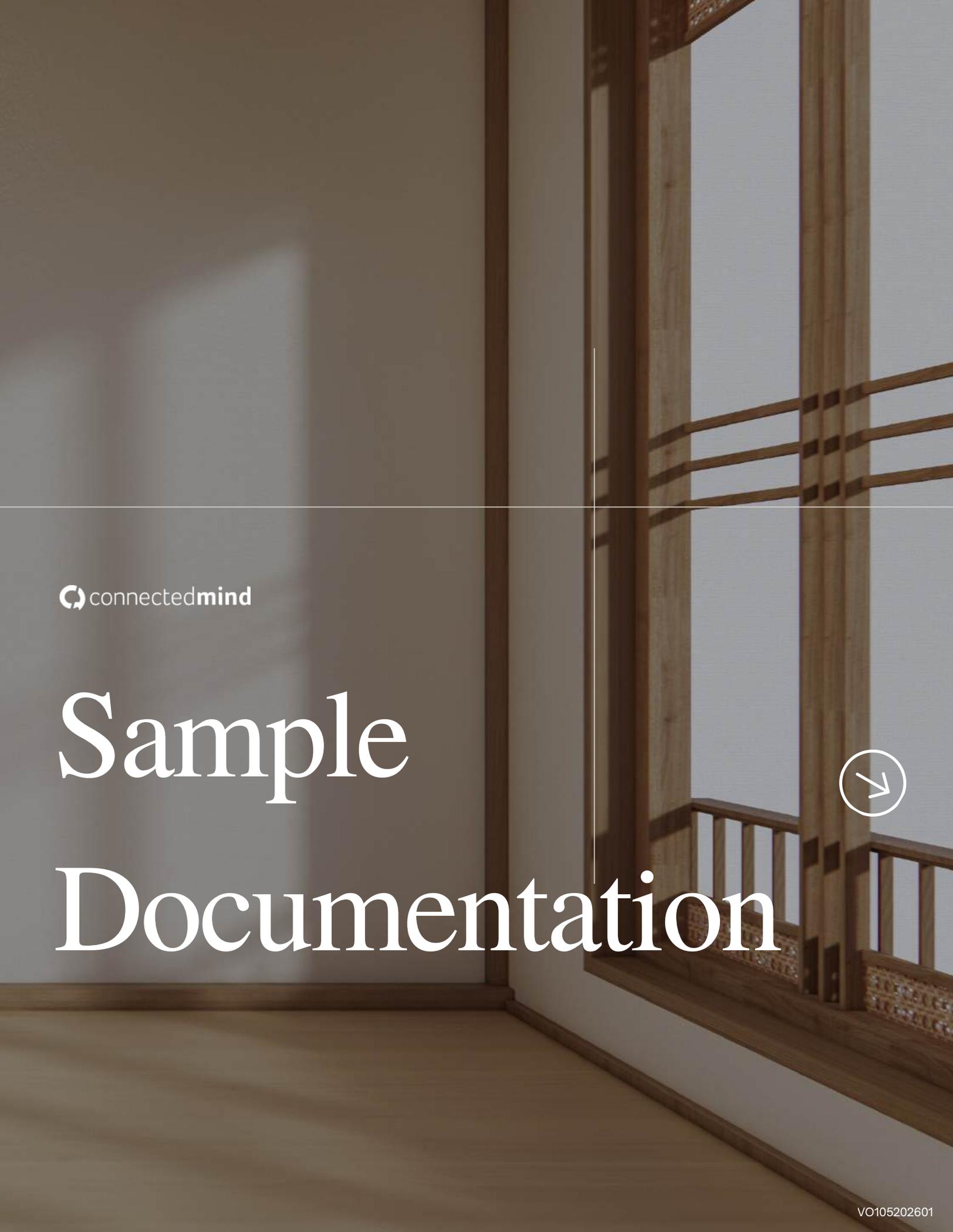
- The following are considered not medically reasonable:
- Routine re-evaluation of chronically disabled patients that is not required for a diagnosis or continued treatment is not medically reasonable and necessary.
- Brief screening measures such as the Folstein Mini-Mental Status Exam or use of other mental status exams in isolation should not be classified separately as psychological or neuropsychological testing, since they are typically part of a more general clinical exam or interview.

# Additional Considerations

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- 96130 is time based and must include documentation showing that it took at least 31 minutes. If the total time with the patient consolidating information and writing a report was at least 91 minutes then 96131 may be billed after the 96130 for an additional \$87.40.
- 96136 and 96138 are time based and must include documentation that they took at least 16 minutes. If the total time with the administering tests and interviewing the patient was at least 46 minutes then 96137 or 96139 may be billed after the 96136 or 96138 for an additional charge.





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# Sample Documentation



# Sample Documentation

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Place documentation in a separate section of the encounter narrative like Procedures.

## 96127 Documentation

Mental Health Screening:

As part of their intake evaluation, the patient was screened for depression, anxiety, ADHD, substance use disorder, bipolar disorder, and somatic symptom disorder. Screening results were negative for all conditions.

## 96138 Documentation

Mental Health Testing:

Patient presented with symptoms associated with a range of mental health conditions. A mental health screening was administered to further evaluate these symptoms. Screening results indicated the need to further evaluate [depression, anxiety, ADHD, substance use disorder, bipolar disorder, somatic symptom disorder]. Consequently, Validated Standardized Assessments were administered and scored by a technician using a computerized interview tool, along with verbal confirmation, following standardized criteria. Patient's cognition was not impaired, and the patient was able to participate in testing in a meaningful way. Administration and scoring of the Validated Standardized Assessments took a total time of [**List total time of 16 - 30 minutes**] minutes.

## 96130 Documentation

Mental Health Report and Interpretation:

On consolidation and review of the results of Validated Standardized Assessments administered by a technician, along with verbal confirmation, I have determined that the patient meets diagnostic criteria for [depression, anxiety, ADHD, substance use disorder, bipolar disorder, somatic symptom disorder], testing noted [with | without suicidal ideation]. See report for assessment report scores and severity of illness. Condition(s) have the potential to cause complications with the patient's chronic medical problems listed in the patient's current problem list, and may also interfere with compliance with medical / medicine / preventive health recommendations. The assessment results and diagnosis(diagnoses) were discussed with the patient, and the patient was given an opportunity for interactive feedback. Patient agreed to the treatment plan listed in the plan section of today's encounter. The total time for assessment consolidation and review was [**List total time of 31 - 60 minutes**] minutes.

## Documentation Intent

Make sure that it is clear in your documentation that the services billed for 96127, 96136, 96138, or 96130 are separate and unique from the services performed as part of the E&M. If the separation is not clear in your documentation, your mental health codes may be considered bundled with the E&M and they will not be paid.

## Disclaimer

This document provides general guidelines only and is not guaranteed accurate. It should not replace advice from a certified coder and/or healthcare attorney. Dollar amounts are based on averages at the time and must be verified with your insurance contracts or representatives—they are not a guarantee of payment or results. Connected Mind® is not affiliated with the American Medical Association (AMA), and no endorsement by the AMA is intended or implied. Copyright © 2026 Connected Mind®. All rights reserved. Non-public information in this document is proprietary to Connected Mind® and may not be reproduced, distributed, or used without prior written permission.