

## Billing Guide for Psychological Screening and Testing - 2025

### Quick Reference

Type	Performed By	Code	Conditions	Minimum Time	Allowable	Telemed
Screening	Any	96127	1-3	NA	\$4.52	Through 2025
Test Administration	Provider	96136	2+	16 Minutes	\$41.89	Through 2025
Test Administration	Technician	96138	2+	16 Minutes	\$33.83	Through 2025
Test Evaluation	Provider	96130	1+	31 Minutes	\$118.02	Through 2025

### Screening

Mental Health screening is the attempt to detect mental health conditions in an overall patient population. This can be done in many different ways from paper-based instruments in the exam room, to computer-based screening in the waiting room, to physician interviews during a routine exam. The goal is to evenly apply the screening process to as many patients as possible in order to identify the largest number of individuals suffering from mental health issues.

### Screening Codes

Code:	CMS Definition:	Recommended Fee Schedule:
CPT 96127	<b>Brief</b> emotional/behavioral assessment with scoring and documentation, per standardized instrument.	Average Medicare allowable of: \$4.52 Recommended charge of: \$10
Note:	According to the <a href="#">MUE</a> the 96127 CPT code may be billed up to <b>3 Units</b> 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:	<b>Medicare:</b> 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. <b>Major Medical:</b> Most insurance companies cover the 96127 for mental health screening. See restrictions below. <b>ICD10 Coding:</b> Most insurance companies accept the generic screening ICD-10 code <b>Z13.xx</b> (ie. Z13.31, Z13.39, Z13.89) if results are negative and either <b>Z13.xx</b> or <b>codes beginning in F</b> 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

Code type:	CMS Definition:	Recommended Fee Schedule:
CPT 96136	Psychological or neuropsychological test administration and scoring by <b><u>physician</u></b> or other qualified healthcare professional, <b><u>two or more tests, any method</u></b> , first 30 minutes. Note: For each additional 30 minutes use CPT code 96137.	Average Medicare allowable of: \$40.99 Recommended charge of: \$92
CPT 96138	Psychological or neuropsychological test administration and scoring by <b><u>technician, two or more tests, any method</u></b> ; first 30 minutes. Note: For each additional 30 minutes use CPT code 96139.	Average Medicare allowable of: \$33.83 Recommended charge of: \$76
CPT 96146	Psychological or neuropsychological test administration, with <b><u>single</u></b> automated instrument <b><u>via electronic platform</u></b> , with automated result <b><u>only</u></b> .	Average Medicare allowable of: \$2.24 Recommended charge of: \$5
ICD10 codes	<b><u>Medicare:</u></b> 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 <a href="#">Medicare Billing and Coding Articles</a> for the exact covered codes. See restrictions below. <b><u>Major Medical:</u></b> 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

Code type:	CMS Definition:	Recommended Fee Schedule:
CPT 96130	Psychological testing evaluation services by <b>physician</b> or other qualified healthcare professional, including integration of patient data, interpretation of standardized test <b>results</b> and clinical data, clinical <b>decision making</b> , treatment <b>planning</b> and <b>report</b> , and interactive <b>feedback</b> to the patient, family member(s) or caregiver(s), when performed; first hour Note: For each additional one-hour use CPT code 96131.	Average Medicare allowable of: \$118.02 Recommended charge of: \$266
ICD10 codes:	<b>Medicare:</b> 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 <a href="#">Medicare Billing and Coding Articles</a> for the exact covered codes. See restrictions below. <b>Major Medical:</b> 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

NCCI - 2025	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 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.
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## Modifiers

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:**

- 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:**

- 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:**

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

### **General Limitations:**

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:**

- 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 \$83.47.
- 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 \$36.17 or \$33.83.

## Sample CMS 1500

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.										15. OTHER DATE QUAL. MM DD YY										16. DATES PATIENT UNABLE TO WORK FROM MM DD YY																																																	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. 17b. NPI										18. HOSPITALIZATION DATES RELATE TO FROM MM DD YY																																																	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																														20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO																																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. M54.2 B. M54.9 C. Z13.31 ICD Ind. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.																									22. RESUBMISSION CODE ORI																																												
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE EMG										C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCPCS MODIFIER										E. DIAGNOSIS POINT										F. \$ CHARGES										G. DAYS OR UNITS										H. EPSO Fam Plan									
1										01 03 24 01 03 24 11										99214 25										A,B										210.00																													
2										01 03 24 01 03 24 11										96127 59										C										45.00										3																			
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## Sample Documentation

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:

The information contained in this document is meant as a general guideline and is not guaranteed to be accurate. This information should not replace the advice of a certified coder and/ or a healthcare attorney. Any dollar amounts listed are based on averages at the time and should be verified with your own insurance contracts or representatives. They are not a guarantee of payment or results.