

Psychological Testing Benefit Referral Requirements and Billing Recommendations

Quick Reference Guide For TRICARE West Region Providers

Key Points



- For CPT Codes 96130-96146
 - 96130-96133 – Psychological and Neuropsychological Testing Evaluation Services
 - 96136-96139 – Psychological and Neuropsychological Test Administration and Scoring
 - 96146 – Psychological and Neuropsychological Testing with Automated Administration and scoring
- [Psychological testing and assessment are covered benefits](#) when necessary and are provided in conjunction with otherwise covered psychotherapy or as a required part of the assessment and reassessment process for Applied Behavior Analysis (ABA) under the comprehensive Autism Care Demonstration (ACD).

TRICARE policy states [psychological testing and assessment is a covered benefit](#) when medically and psychologically necessary and is provided in conjunction with otherwise covered psychotherapy or as a required part of the assessment and reassessment process for Applied Behavior Analysis (ABA) under the Autism Care Demonstration (ACD).

For TRICARE Prime, a primary care manager (PCM) referral must be submitted for psychological testing. You can [submit via Availity](#) using the profile BH_PSYTEST. The authorization includes the following default codes and units to cover 8-10 hours of testing:

- 90791-90792, 1 visit
- 96116, 1 visit
- 96130-96146, 24 units

To determine medical necessity of the requested psychological testing, please complete and submit the [Psychological/Neuropsychological Testing \(BH_PSYTEST\)](#) form with the referral request.



**MENTAL HEALTH
SPECIFIC REFERRAL CHECKLIST**

All referrals and authorization requests require the [TRICARE West Region Referral/Authorization Form](#) found on Availity in the TRICARE West Payer Space. In addition, Mental Health specific requests require an associated checklist. Please click on the treatment being requested below and complete the checklist and submit with your request:

1. [Emergency Acute Hospital Psychiatric Admission \(BH_IP_ER_MH\)](#) (must notify TriWest within 1 business day of admission)
2. [Non-Emergency Acute Hospital Psychiatric Admission \(BH_IP_ROUTINE\)](#) (Pre-Authorization Required)
3. [Acute Hospital Psychiatric Admission Continued Stay](#) (Pre-Authorization Required)
4. [Emergency Inpatient SUD Detoxification ASAM 4.0 \(BH_IP_ER_SUD\)](#) (must notify TriWest within 1 business day of admission)
5. [Non-Emergency Inpatient SUD Detoxification ASAM 4.0 \(BH_IP_SUD\)](#) (Pre-Authorization Required)
6. [Inpatient SUD Detoxification ASAM 4.0 Continued Stay](#) (Pre-Authorization Required)
7. [Child and Adolescent under age 21 Residential Treatment Center \(RTC\) Admission \(BH_RTC\)](#) (Pre-Authorization Required)
8. [Child and Adolescent under age 21 Residential Treatment Center \(RTC\) Continued Stay](#)
9. [Emergency Substance Use Disorder ASAM 3.7 Detoxification \(BH_RT_DTX_FR\)](#)
10. [Non-Emergency Substance Use Disorder ASAM 3.7 Detoxification \(BH_RT_DTX\)](#)
11. [Detoxification Continued Stay ASAM 3.7 SUD](#)
12. [Substance Use Disorder Rehabilitation Facility \(SUDRF\) Admission \(BH_RTC\)](#) (Pre-Authorization Required)
13. [Substance Use Disorder Rehabilitation Facility Continued Stay](#)
14. [Partial Hospitalization Program \(PHP\) Admission \(BH_PHP/BH_PHP_SUD\)](#) (PCM Referral or Pre-Authorization Required)
15. [Intensive Outpatient Program \(IOP\) Admission \(BH_IOP/BH_IOP_SUD\)](#) (PCM Referral or Pre-Authorization Required)
16. [Opioid Treatment Programs \(BH_OTP\)](#) (Pre-Authorization Required)
17. [Psychological/Neuropsychological Testing \(BH_PSYTEST\)](#) (Pre-Authorization Required)
18. [Esketamine \(BH_Spravato\)](#) (Pre-Authorization Required)
19. [Transcranial Magnetic Stimulation \(TMS\) for Depression \(BH_TMS\)](#) (Pre-Authorization Required)
20. [Electroconvulsive Therapy \(BH_ECT\)](#) (Pre-Authorization Required)
21. [Medication Assisted Treatment \(BH_MAD\)](#) (Pre-Authorization Required)
22. [Long Acting Injectable Anti-psychotic Medications \(BH_LAI\)](#) (Pre-Authorization Required)

¹ Per the [TRICARE Policy Manual Chapter 7, Section 3.2](#), Residential treatment is only a covered benefit for beneficiaries under the age of 21. Residential care for adults (including active duty) is not a covered benefit except for substance use disorder treatment when medically necessary. Admission to sub-acute inpatient specialty Mental Health programs may be approved on a week-to-week basis as non-emergency acute psychiatric hospitalization if medical necessity criteria are met.

TriWest Classification: Proprietary and Confidential Mental Health Specific Referral Checklist
February 11, 2026 1 of 24

**MENTAL HEALTH
SPECIFIC REFERRAL CHECKLIST**

PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING CHECKLIST (BH_PSYTEST)

Please complete the form below and save this page as a PDF. Then, submit it along with supporting documents that show medical necessity, such as recent psychological evaluation, progress notes, etc.

[TRICARE Policy Manual \(TPM\) Chapter 7, Section 3.9](#), authorizes coverage of Psychological/Neuro-psychological testing when it is medically necessary and meets the following *minimum* criteria:

THE PATIENT:

Has a documented mental status exam in their medical chart

Requires testing for the following reason(s) (check all that apply):

- A diagnostic assessment (as required for the Autism Care Demonstration program)
- An assessment of baseline cognitive functioning
- Repeat testing to assess change from baseline
- Testing to clarify or inform an existing diagnosis
- An evaluation of functional deficits
- An assessment of lack of treatment response

THE TESTING:

Will not include a Reitan-Indiana battery for patients under 5, or under 13 when self-administered

Will not be conducted for any of the following reasons:

- Academic placement
- Determining the presence and/or nature of a learning disorder
- Influencing custody determinations or job placements
- General screening to determine if the individual suffers from a mental disorder
- Teachers or parents have requested it
- Placement in a Residential Treatment Center (RTC) or Partial Hospitalization Program (PHP)
- When billed by a provider not employed by or under contract with the patient's RTC or PHP

Additional information:

FORM SUBMITTED BY:

Name:	Date (MM/DD/YYYY):
Role/Position:	

TriWest Classification: Proprietary and Confidential Mental Health Specific Referral Checklist
February 11, 2026 19 of 24

Billing Recommendations

Testing Evaluation

96130 – Primary code used to report the first hour of psychological testing evaluation services.

96131 – Add-on code used to report each additional hour of psychological testing evaluation services and must be billed in conjunction with primary code (96130) on the same date of service.

Note: The date of service billed must be the same for the primary and add-on code and can be submitted with the date testing began or the date testing was completed. Date spans cannot be billed for these CPT codes; all codes are to be billed on a single date of service.

96132 – Primary code used to report the first hour of neuropsychological testing evaluation services.

96133 – Add-on code used to report each additional hour of neuropsychological testing evaluation services and must be billed in conjunction with primary code (96132) on the same date of service.

Note: The date of service billed must be the same for the primary and add-on code and can be submitted with the date testing began or the date testing was completed. Date spans cannot be billed for these CPT codes; all codes are to be billed on a single date of service.



Test Administration

96136 – Primary code used to report the first 30 minutes of psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional.

96137 – Add-on code used to report each additional 30 minutes of psychological or neuropsychological test administration and scoring by a physician or other qualified health care professional and must be billed in conjunction with primary code (96136) on the same date of service.

Note: The date of service billed must be the same for the primary and add-on code and can be submitted with the date testing began or the date testing was completed. Date spans cannot be billed for these CPT codes; all codes are to be billed on a single date of service.

96138 – Primary code used to report the first 30 minutes of psychological or neuropsychological test administration and scoring by a technician.

96139 – Add-on code used to report each additional 30 minutes of psychological or neuropsychological test administration and scoring by a technician and must be billed in conjunction with primary code (96138) on the same date of service.

Note: The date of service billed must be the same for the primary and add-on code and can be submitted with the date testing began or the date testing was completed. Date spans cannot be billed for these CPT codes; all codes are to be billed on a single date of service.

96146 – Used to report psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only.

Note: Automated test administration and scoring are not time based.

Beneficiary out-of-pocket, including cost-share, deductible, and copay (if applicable), will be applied to each date of service billed.