Psychological testing requires a clinically trained examiner. All psychological tests should be administered, scored, and interpreted by a trained professional, preferably a psychologist or psychiatrist with expertise in the appropriate area. Psychological tests are only one element of a psychological assessment. They should never be used alone as the sole basis for a diagnosis. A detailed history of the test subject and a review of psychological, medical, educational, or other relevant records are required to lay the groundwork for interpreting the results of any psychological measurement.

I. Psychological testing is medically appropriate only when there is a strong indication that significant, useful information that would impact the patient’s care and treatment would be generated from such testing.

II. Psychological testing is medically appropriate following evaluation and recommendation by a licensed Behavioral Health provider, according to the terms of the member’s contract, for any one of the following reasons:
   A. To rule-in or rule-out the presence of a thought disorder or other serious psychiatric diagnosis; or
   B. To make a psychiatric diagnosis which a provider has been unable to make by other methods.

III. Psychological testing is medically appropriate following evaluation and recommendation by a licensed Behavioral Health provider, according to the terms of the member’s contract, or developmental pediatrician to diagnose an intellectual disability.

IV. The routine use of psychological testing is considered not medically necessary for purposes of diagnosing any of the following conditions, as more suitable approaches are available:
   A. Attention deficit disorder;
   B. Attention deficit hyperactivity disorder; or
   D. Tourette’s syndrome.

V. The routine use of psychological testing as screening tool or as part of the mental health evaluation prior to a complex surgical procedure (e.g., bariatric surgery) or for a complex medical condition (e.g., chronic pain) is considered not medically necessary. An initial mental health/psychological evaluation and/or input from a treating therapist is appropriate and typically sufficient. Patients presenting for pain treatment or substance use treatment do not routinely require psychological or neuropsychological testing. The provider can certainly administer a brief screen like a pain scale, or an ORT that would be a part of the documentation of care/part of the EM service, adding confirmatory information to the clinical evaluation, but this does not constitute psychological testing.

Refer to Corporate Medical Policy #3.01.01 regarding Neuropsychological Testing.

POLICY GUIDELINES:
I. Psychological testing is considered not medically necessary if it has been performed in the last 12 months.

II. Psychological testing is ineligible for coverage when the testing is primarily for the purpose of non-treatment related issues (e.g., routine evaluation of occupational or career aptitudes).

III. Psychological testing performed as simple self-administrated or self-scored inventories, or screening tests which may include, but are not limited to, AIMS, Folestein Mini-Mental Status Exam, PHQ-9, Hamilton Rating Scale for Depression, Connors rating Scale, Eat-26 or similar tests are considered inclusive of an Evaluation and Management service and are not separately payable as psychological testing. Likewise tests that are done to satisfy
meaningful use - are patient completed tools, or administered by a ancillary staff in an office (Phq2, phq9, MAST, CAGE, AUDIT, ORT, Pain scale, etc) are not considered psychological testing and should not be billed utilizing these codes.

IV. Psychological testing, when done for any of the following reasons, are usually contractual exclusions and **ineligible for coverage**:

A. Educational or vocational purposes that are primarily related to employment; or

B. While psychological testing may be an appropriate test for a learning disability or for a developmental disability, this is the responsibility of the child’s school district (*also see Guidelines V*); or

C. Job aptitude, court ordered evaluations for legal defense; or

D. As a regulatory barrier/screen for services with a person who has well established, documented decreased cognition. There is no clinical reason to anticipate that this individual's baseline cognitive status will have improved sufficiently to make them ineligible for service.

V. Coverage is not available for services provided by school districts, as stipulated in the child’s (pre-school ages 3-5 years and school-aged 5-21 years) Individualized Education Program (IEP).

A. When applicable, an IEP must be completed through the school district before a request for coverage is submitted to the Health Plan.

B. If a child is home schooled an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage. Requests for services for home schooled children outside New York State will be reviewed on an individual basis in accordance with state regulations for the state in which the child lives.

C. Psychological Testing denied by the school district, and not covered in a child’s IEP will be reviewed by the Health Plan for medical necessity in accordance with member’s contract.

V. A board certified psychometrist may be used for the administration and scoring of the psychological and neuropsychological tests under the supervision of a clinical psychologist or clinical neuropsychologist. The interpretation and written report should be completed by the psychologist. These services are all inclusive in the number of hours authorized.

**DESCRIPTION:**

Psychological testing is an evaluation to determine the extent and nature of a mental illness. It may be used to rule-in or rule-out the presence of a thought disorder or other serious psychiatric diagnosis that has been unable to be made by other methods. Psychological testing consists of a set of tasks or questions intended to elicit particular types of behavior when presented under standardized conditions, and intended to yield scores that will have desirable psychometric properties, such as acceptable levels of reliability and validity. Tests include standardized aptitude and achievement instruments, diagnostic and evaluative devices, interest inventories, personality inventories, and projective instruments.

**RATIONALE:**

Psychological testing has proven to be beneficial in a variety of ways such as providing objective information helpful to, not only accurately diagnose the nature of the problem, but to provide recommendations and strategies to address the problem.

The American Academy of Pediatrics clinical practice guidelines and the practice parameter from the American Academy of Child and Adolescent Psychiatry related to the diagnosis and evaluation of ADHD state neuropsychological and psychological test batteries are not routinely indicated to make a diagnosis unless there are coexisting conditions that may complicate a routine assessment. Uncomplicated cases of ADD or ADHD are best diagnosed through a careful history, parent and teacher reports, and the use of structured clinical interviews.

Psychological testing beyond a standard parent interview and direct structured behavioral observation is rarely needed for diagnosing autism (practice parameter for screening and diagnosis of autism from the American Academy of Neurology and the Child Neurology Society).

*Proprietary Information of Excellus Health Plan, Inc.*
Patients with complex medical conditions or patients contemplating a complex surgical procedure such as bariatric surgery may require a psychological/psychiatric evaluation to determine an underlying psychopathology that could hinder treatment plans. A standard psychiatric evaluation provides a sufficient assessment in most instances, without the need of the complete test battery involved in psychological testing.

**CODES:**

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<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tr>
<td>Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.</td>
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CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

**CPT:**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>96101</td>
<td>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorshach, WAIS), per hour of the psychologist’s or physician’s time, both face to face time with the patient and time interpreting test results and preparing the report</td>
</tr>
<tr>
<td>96102</td>
<td>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face to face</td>
</tr>
<tr>
<td>96103</td>
<td>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report</td>
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* Key articles

**KEY WORDS:**
Psychological testing.

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**CMS COVERAGE FOR MEDICARE-RISK MEMBERS**

There is currently a Local Coverage Determination (LCD) for Psychiatry and Psychological Services. Please refer to the following LCD website for Medicare Members: