

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	PSYCHOLOGICAL TESTING
Policy Number	3.01.02
Category	Behavioral Health
Effective Date	02/01/01
Revised Date	03/28/02, 03/27/03, 2/26/04, 04/28/05, 06/22/06, 08/23/07, 06/26/08, 06/25/09, 08/26/10, 08/25/11, 08/23/12, 08/22/13, 06/26/14, 06/25/15, 08/25/16, 08/25/17, 08/23/18
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Following evaluation and recommendation by a licensed Behavioral Health provider, when there is a strong indication that significant, useful information would be generated from psychological testing that would impact the patient's care and treatment, psychological testing is medically appropriate, 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, such as an initial psychiatric evaluation including review of clinical records and interview with family; or
 - C. To diagnose an intellectual disability following evaluation and recommendation by a developmental pediatrician.
- II. The routine use of psychological testing or computer-based psychological testing (e.g., Quotient[®] ADHD System, *QbTest*) 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
 - C. Tourette's syndrome.
- III. 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**

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, Quotient[®] ADHD System or similar tests are considered inclusive of an Evaluation and Management service. In addition, brief emotional/behavioral assessments are not payable as psychological testing. Likewise tests that are done to satisfy meaningful use - are patient completed tools or administered by 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.

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- 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. To aid in the diagnosis of a learning disability or a developmental disability, as 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. Renewal of services with a person who has well, documented, decreased cognition/IQ.
- 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) as they are considered free care or a government program.
- A. When applicable, an IEP should 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.
- VI. 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. 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.
- VII. 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. Psychological testing may include but are not limited to the following: Minnesota Multiphasic Personality Inventory-2 (MMPI-2)/Minnesota Multiphasic Personality Inventory-A (MMPI-A), Wechsler Adult Intelligence Scale-Revised (WAIS-III/IV), Personality Assessment Inventory (PAI), Rorschach Inkblot Method.

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.

The QbTest is a 20-minute test, FDA approved for use along with a clinical assessment to provide clinicians with objective measures of hyperactivity, impulsivity, and inattention to aid in the clinical assessment of ADHD. The test involves infrared motion tracking to measure activity and results are interpreted by qualified professionals.

The Quotient[®] ADHD System is a computerized test that measures hyperactivity, inattention, and impulsivity. After completion of the approximately 30-minute self-administered test, patterns of motion, accuracy of the responses, and fluctuation in attention state are analyzed and scored using proprietary algorithms and these scores are compared to other children and adults of the same age and gender to aid in the clinical assessment of ADHD.

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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.

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).

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

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- ***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.*
- *Code Key: Experimental/Investigational = (E/I)*

CPT Codes

Code	Description
96130	Psychological testing evaluation services by physician or other qualified health care 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 (<i>effective 1/1/19</i>)
96131	each additional hour (List separately in addition to code for primary procedure) (<i>effective 1/1/19</i>)
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health professional, two or more tests, any method; first 30 minutes (<i>effective 1/1/19</i>)
96137	each additional 30 minutes (List separately in addition to code for primary procedure) (<i>effective 1/1/19</i>)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes (<i>effective 1/1/19</i>)
96139	each additional 30 minutes (List separately in addition to code for primary procedure) (<i>effective 1/1/19</i>)
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only (<i>effective 1/1/19</i>)

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HCPCS Codes

Code	Description
No code	

Proprietary Information of Excellus Health Plan, Inc.

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REVENUE

Code	Description
918	Psychiatric/Psychological Services-Testing

ICD10 Codes

Code	Description
	Multiple diagnosis codes

REFERENCES

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*Key Article

KEY WORDS

Psychological testing.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Psychiatry and Psychological Services. Please refer to the following LCD website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ver=51&CntctrSelected=298*1&Cntctr=298&name=National+Government+Services%2c+Inc.+\(13201%2c+A+and+B+and+HHH+MAC%2c+J++K\)&s=All&DocType=Active&bc=AggAAQBAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ver=51&CntctrSelected=298*1&Cntctr=298&name=National+Government+Services%2c+Inc.+(13201%2c+A+and+B+and+HHH+MAC%2c+J++K)&s=All&DocType=Active&bc=AggAAQBAAAA&)