

Subject: Psychological Testing
Guideline #: CG-BEH-07
Status: Reviewed

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Description

This document addresses psychological testing. The medical necessity criteria outlined in this document for psychological testing includes severity of illness which includes descriptions of the member's condition and circumstances.

Note: Please see the following related documents for additional information:

- [CG-BEH-01 Screening and Assessment for Autism Spectrum Disorders and Rett Syndrome](#)
- [CG-MED-22 Neuropsychological Testing](#)

Clinical Indications

Medically Necessary:

Severity of Illness (SI)

Psychological testing is considered **medically necessary** when the member has **all** of the following:

- A. Testing is for the purpose of helping to establish the diagnosis of and to develop a treatment plan for a mental disorder, when this information is not adequately available from one or more comprehensive medical or behavioral health evaluations (for example, clinical review by a psychologist, comprehensive psychiatric evaluation, or administration of at least one norm-referenced rating scale) with the member and appropriate ancillary sources (for example, family members, health care providers, school records); **and**
- B. Standardized testing are based on published national normative data; **and**
- C. There is evidence to suggest that the testing results will have a timely and direct impact on the member's existing treatment plan and how the treatment plan will change based on testing and the member is engaged in their active mental health treatment; **and**
- D. Testing is not for the primary purpose of educational planning, assessing learning disorders, vocational testing or disability evaluations, unless allowed by local plan clinical guidelines. Custody evaluation, court referral for evaluation (unless medically necessary) and testing for research purposes, are not covered.

Not Medically Necessary:

Psychological testing is considered **not medically necessary** when the above criteria are not met.

Coding

The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in

effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT

- 96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- 96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
- 96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report

ICD-10 Diagnosis

All diagnoses

Discussion/General Information

Psychological testing is a comprehensive battery of tests and clinical interview to assess self-concept, cognitive skills, or personality traits. The use of projective personality measures and multiple or repetitive objective personality measures should be limited. Psychological testing is the responsibility of physicians and psychologists appropriately trained to perform and interpret test results, when this type of testing evaluation falls within their scope of professional practice. Responsibility for psychological testing services should rest with a qualified mental health provider who is licensed in their state of practice to do psychological testing. Screening can also be performed by other qualified health care professionals and/or through the use of a computer. There should be a reasonable expectation that the member's illness, condition, or level of functioning will be stabilized, improved, or maintained through treatment known to be effective for the member's illness or other types of conditions where assessment contributes to the care of the member. For individuals who are actively using substances, a reasonable period of sobriety is expected so as not to interfere with test results.

The duration of testing tends to vary based on the goal of the evaluation, the health of the person being examined and the age of the person being examined (Sweet, 2011) and duration of testing is also influenced by other cultural, linguistic and specific member needs. The tests have to be standardized and normed for the population being evaluated. The use of an excessively lengthy testing battery should be limited. A complete evaluation for clinical purposes, including any pre-testing examination, can usually be completed in 8 hours or less (sometimes in as few as 2 to 3 hours), however, in certain conditions more time may be needed when evaluating more complex cases. The time allowed for administration of selected measures is based on Tests in Print and test publisher guidelines, and with the exception of unique circumstances will not exceed the established time guidelines.

In addition to other clinical purposes, psychological assessment can be an integral aspect of pre-surgical assessments for procedures such as bariatric surgery, spinal stimulator implantation, or others. Psychological testing can also be performed to facilitate medical treatments such as chronic pain or diabetes management. Testing may be part of a comprehensive evaluation strategy or focused on a particular question. Focused testing, perhaps especially when part of an extensive clinical protocol, will tend to be brief, in the range of 3 hours.

Diagnosis of attention deficit hyperactivity disorder can be made using clinical interview, rating scales, collateral data, and review of medical records. Psychological testing will not provide data regarding prescription choices.

National normative data includes scoring which results in standardized or scaled scores and the provider's assessments, recommendations and reports are based on techniques sufficient to provide substantiation for findings. An individualized test battery is employed and tailored to the specific referral question and individual member needs. Brief screening instruments and standardized questionnaires, which are administered by computer or those not requiring face-to-face administration, are not considered to be psychological testing, but can be done as part of a professional visit. This is not to exclude the use of certain screening instruments when included as a part of a more comprehensive psychological assessment battery.

Definitions

Psychological testing: An objective and standard way of measuring an individual's mental or behavioral characteristics.

References

Peer Reviewed Publications:

1. Austin H, Smith K, Ward WL. Psychological assessment of the adolescent bariatric surgery candidate. *Surg Obes Relat Dis.* 2013; 9(3):474-480.
2. Hunsley J, Mash EJ. Evidence-based assessment. *Annu Rev Clin Psychol.* 2007; 3:29-51.
3. Stephens KA, Ward A. Patient selection for spinal cord stimulators: mental health perspective. *Curr Pain Headache Rep.* 2014; 18(3):398.
4. Su WS, Viglione DJ, Green EE, et al. Cultural and linguistic adaptability of the Rorschach Performance Assessment System as a measure of psychotic characteristics and severity of mental disturbance in Taiwan. *Psychol Assess.* 2015; 27(4):1273-1285.

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Psychiatric Association. Clinical Practice Guidelines. Available at: <http://www.psych.org/practice/clinical-practice-guidelines>. Accessed on January 25, 2018.
2. American Society of Addiction Medicine Treatment. Available at: <http://www.asam.org>. Accessed on January 25, 2018.
3. Centers for Medicaid & Medicare Services (CMS). Wisconsin Physicians Services. Local Coverage Determination for Psychological and Neuropsychological Testing (L34646). Revised 02/01/2017. Available at: http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?list_type=ncd. Accessed on January 25, 2018.
4. Mattson M. Manual of psychiatric quality assurance: American Psychiatric Association committee on quality assurance. 1st ed. Arlington: American Psychiatric Publishing. 1992.
5. Sweet JJ, Meyer DG, Nelson NW, Moberg PJ. The TCN/AACN 2010 "salary survey": professional practices, beliefs, and incomes of U.S. neuropsychologists. *Clin Neuropsych.* 2011; 25(1):12-61.

Index

Neuropsychological Testing
Psychological Testing

History

Status	Date	Action
Reviewed	03/22/2018	Medical Policy & Technology Assessment Committee (MPTAC) review.
Reviewed	02/23/2018	Behavioral Health Subcommittee review. The document header wording updated from “Current Effective Date” to “Publish Date.”
Revised	08/03/2017	MPTAC review.
Revised	07/21/2017	Behavioral Health Subcommittee review. Updated Discussion/General Information and References sections.
Reviewed	08/04/2016	Clarification to MN statement.
Reviewed	07/29/2016	MPTAC review. Behavioral Health Subcommittee review. Updated formatting in Clinical Indications section.
Revised	08/06/2015	Updated References section.
Revised	07/31/2015	Removed ICD-9 codes from Coding section. MPTAC review. Behavioral Health Subcommittee review. Added additional medically necessary statement from the Intensity of Service into the Severity section. Moved Intensity of Service into the Discussion/General information section. Updated

Revised	02/05/2015	Description, Discussion/General Information, and References.
Revised	01/30/2015	MPTAC review. Behavioral Health Subcommittee review. Clarification to Medically Necessary Statement. Updated Discussion/General Information, References, and Index.
Reviewed	08/14/2014	MPTAC review.
Reviewed	08/08/2014	Behavioral Health Subcommittee review. Updated Description, Discussion/General Information and References.
New	08/08/2013	MPTAC review.
New	07/26/2013	Behavioral Health Subcommittee review. Initial document development. Initial document development. Updated Clinical Indications Severity of Illness, #1 added the word “medical” to the evaluations. Updated References. The Behavioral Health Medical Necessity Criteria effective January 1, 2013 was split apart into specific subject matter clinical UM guidelines.

Federal and State law, as well as contract language, and Medical Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Medical Policy & Technology Assessment Committee are available for general adoption by plans or lines of business for consistent review of the medical necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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