



MEDICAL COVERAGE POLICY

SERVICE: Psychological Testing

Policy Number: 224

Effective Date: 02/01/2024

Last Review: 01/15/2024

Next Review: 01/15/2025

Important note: Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE: Psychological Testing

PRIOR AUTHORIZATION: Varies by line of business: for Medicaid lines, prior authorization may be required for this service (check TMPPM); for commercial lines prior authorization is required if > 6 hours is requested; for Medicare-linked plans prior authorization is NOT required.

POLICY: Please review the plan’s EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

Coverage for psychological testing for the evaluation of a medical or behavioral health diagnosis is subject to the specific terms and limitations of the benefit plan. Services for, or in connection with, an injury or illness arising out of, or in the course of, any employment for wage or profit, or that are court-ordered without documentation of medical necessity, **are specifically excluded** under many benefit plans. Services that are considered primarily educational or training in nature or related to improving academic or work performance **are specifically excluded**.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination) [L35101 Psychiatric Codes](#). Medicare NCD or LCD specific InterQual criteria may be used when available. If there are no applicable NCD or LCD criteria, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, refer to InterQual. If there are no applicable criteria to guide medical necessity decision making in the TMPPM or InterQual, use the criteria set forth below.

BSWHP may consider psychological testing as medically necessary when the following criteria are met:

1. The requested tests must be chosen to answer a specific question(s) that has been raised by the treating provider and are related directly to the medical, psychiatric, or psychological treatment of the patient, **AND**
2. The specific question(s) cannot be answered by means of diagnostic assessment and/or behavioral observations, **AND**
3. The testing results will impact the management of the member’s healthcare.



MEDICAL COVERAGE POLICY

SERVICE: Psychological Testing

Policy Number: 224

Effective Date: 02/01/2024

Last Review: 01/15/2024

Next Review: 01/15/2025

BSWHP may consider up to 6 (six) hours of psychological testing medically necessary when the above criteria are met (Medicaid has special rules – see below).

Additional hours will require in-depth review which includes **submitting** a listing of **each test** to be administered, the **allotted time** for each test, the diagnostic **purpose** for each test, and a detailed medical/psychological rationale for the additional hours.

For **Medicaid** lines of business: Psychological testing (procedure codes 96130, 96131, 96136, and 96137), neurobehavioral testing (procedure codes 96116 and 96121), and neuropsychological testing (procedure codes 96132, 96133, 96136, and 96137) are limited to **4 (four) hours per client, per day and eight hours per client, per calendar year**. Additional hours require prior authorization when medically necessary.

Psychological testing is generally **NOT** considered medically necessary for pre-surgical clearance except in certain circumstances (See BSWHP medical coverage policy 137 Psychologic Evaluation for Medical Procedures.)

Psychological testing is **NOT** considered medically necessary for uncomplicated cases of attention deficit disorder with/without hyperactivity (ADHD) for members in school (any level). BSWHP considers ADHD evaluation for members in school as primarily for educational purposes and thus excluded by most plans.

Psychological testing beyond standardized parent interviews and direct, structured behavioral observation is generally **NOT** considered medically necessary for the diagnosis of autism spectrum disorders. (See BSWHP medical coverage policy 206 Autism Spectrum Disorders)

Psychological testing is considered **NOT** medically necessary if the member is actively abusing substances, is having acute withdrawal symptoms, or has recently entered recovery, because test results may be invalid.

Repeat psychological testing within 12 months of an evaluation is **NOT** considered medically necessary unless the request is accompanied by clear documentation identifying the change that necessitates repeat testing.

IQ tests, achievement tests, educational tests are considered educational and are **NOT** covered benefits for most plans.

Additional Information:

Mental Health Parity review regarding requirement that ... “The test is administered by and interpreted by a psychologist or psychiatrist.” This concern was review by psychiatry with the following conclusion 9/27/2021: “I do not believe that these violate parity. There are medical tests which are done by clinicians (not technicians). Pap smear is a medical test done by a clinician only (physician, PA, NP; not



MEDICAL COVERAGE POLICY SERVICE: Psychological Testing

Policy Number: 224

Effective Date: 02/01/2024

Last Review: 01/15/2024

Next Review: 01/15/2025

lab or clinic technician). These are not easy tests to administer and should be done within the right context. A trained clinician helps ensure the quality required.”

BACKGROUND:

Time required for tests (based on BUROS: “Tests In Print,” University of Nebraska, 2016)

| Acronym | Test | BURO Ref | Age | Time | Comment |
|---------------|---|----------|----------|-------|--|
| ABAS-3 | Adaptive Behavior Assess System 3 rd ed | 48 | all | 30 | |
| ADOS | Autism Diagnostic Observation Schedule | | Child | 60 | <i>Time from publisher</i> (WPSpublish.com) |
| ADOS-2 | Autism Diagnostic Observation Schedule 2 nd ed | | Child | 60 | <i>Time from publisher</i> |
| BAI | Beck Anxiety Inventory | | 17-80 | 5-10 | <i>Time from publisher</i> |
| BASC-RS | Behavior Assessment System for Children Preschool | 220 | 2-5 | 30 | |
| BASC-RS | Behavior Assessment System for Children Teen | 220 | 6-18 | 30 | |
| BDI | Beck Depression Inventory | | 13-18 | 5 | <i>Time from publisher</i> |
| BHI-2 | Battery for Health Improvement-2 | | 18-65 | 30 | <i>Time from publisher</i> |
| CDI | Child Development Inventory | 392 | 1-6 | 50 | |
| CDI 2 | Children’s Depression Inventory | 405 | 7-17 | 15 | |
| CONNOR-KCPT-2 | Kiddie version Conner’s Continuous Performance Test | 533 | 4-7 | 15 | |
| CONNOR CPT-3 | Conner’s Continuous Performance Test 3 rd ed | 531 | 8+ | 15 | <i>Time from publisher</i> |
| CPT-3 | Conner’s Continuous Performance Test 3 rd ed | 531 | 8+ | 15 | <i>Time from publisher</i> |
| CSQ | Coping Strategies Questionnaire | | 18-older | 5 | |
| HTP | House-Tree-Person test | 949 | 7-11 | 30 | |
| MMPI | Minnesota Multiphasic Personality Inventory | | 18-older | 60-90 | <i>Time from publisher</i> |
| PAI | Personality Assessment Inventory | | 18-89 | 65-80 | <i>Time from publisher</i> |
| PDDBI | PDD Behavior Inventory | 1475 | | 45 | <i>Autism assessment</i> |
| RIAS | Reynolds Intellectual Assessment Scales | 1737 | 3+ | 45 | IQ/memory (not covered) |
| ROTTER | Rotter Incomplete Sentences Bland 2 nd ed | 1753 | Teen+ | 40 | |



MEDICAL COVERAGE POLICY SERVICE: Psychological Testing

Policy Number: 224

Effective Date: 02/01/2024

Last Review: 01/15/2024

Next Review: 01/15/2025

| | | | | | |
|----------|---|------|--------|----|--|
| TSCYC | Trauma Symptom Checklist for Young Children | 2177 | 3-12 | 20 | |
| VINELAND | Vineland Adaptive Behavior Scales | 2203 | all | 65 | Assessment of adaptive behavior within classroom and other settings. |
| WFAS | Wechsler Fundamentals: Academic Skills | 2229 | school | 45 | Achievement test (not covered) |

| Typical Battery of Testes Requested | | Total Time: 235 minutes Time Authorized: 4 hours | | | |
|-------------------------------------|--|---|--------------------------------|--|--|
| Acronym | Test | Time | Comment | | |
| BASC-PRS | Behavior Assessment System for Children | 30 | | | |
| BASC-TRS | Behavior Assessment System for Children | 30 | | | |
| CONNOR-3 | Conner's 3 rd ed | 15 | | | |
| CONNOR-CPT | Conner's Continuous Performance Test | 15 | | | |
| RIAS | Reynolds Intellectual Assessment Scales | - | IQ/memory (not covered) | | |
| WFAS | Wechsler Fundamentals: Academic Skills | - | Achievement test (not covered) | | |
| PDDBI | PDD Behavior Inventory | 45 | | | |
| ADOS | Autism Diagnostic Observation Schedule | 60 | | | |
| ROTTER | Rotter Incomplete Sentences Bland 2 nd ed | 40 | | | |

Psychological tests assess a range of mental abilities and attributes, including achievement and ability, as well as personality. They allow for an assessment of a patient's cognitive and behavioral functioning and an analysis of changes related to mental dysfunction.

Psychological tests provide a standardized means of sampling behavior, an objective method for evaluating responses, and a tool for comparing the functioning of an individual with peers. Standardized tests are administered under uniform conditions, scored objectively -- the procedures for scoring the test are specified in detail -- and designed to measure relative performance. Test results usually are interpreted with reference to a comparable group of people, or normative sample.

Psychological testing requires a clinically-trained examiner. All psychological tests should be administered, scored, and interpreted by a qualified professional, such as a licensed psychologist or psychiatrist, with expertise in the appropriate area.

Psychological tests are only one element of a psychological assessment. They should never be used as the sole basis for a diagnosis. A detailed clinical interview, including a complete history of the test subject and a review of psychological, medical, educational, and other relevant records is required to lay the



MEDICAL COVERAGE POLICY SERVICE: Psychological Testing

Policy Number: 224

Effective Date: 02/01/2024

Last Review: 01/15/2024

Next Review: 01/15/2025

groundwork for interpreting the results of any psychological measurement.

Psychological tests are used to address a variety of questions about people's functioning, diagnostic classification, co-morbidity, and choice of treatment approach. For example, personality tests and inventories evaluate the thoughts, emotions, attitudes, and behavioral traits that contribute to an individual's interpersonal functioning. The results of these tests determine an individual's personality strengths and weaknesses, and may identify certain disturbances in personality, or psychopathology. The subject's responses can provide insight into his or her thought processes and personality traits.

MANDATES:

The state of Texas Medicaid program does not cover CPT codes 96138 and 96139, psychological testing administered by a technician, as well as the CPT code 96146 which is psychological testing administered by computer/electronic format.

CODES:

Important note: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

| | |
|-----------|---|
| CPT Codes | <p>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</p> <p>96131 ... each additional hour (List separately in addition to code for primary procedure)</p> <p>96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, eg acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities)</p> <p>96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes</p> <p>96137 ... each additional 30 minutes (List separately in addition to code for <u>primary procedure</u>)</p> <p>96138 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes [Covered for Medicare plans]</p> <p>96139 ... each additional 30 minutes (List separately in addition to code for <u>primary procedure</u>) [Covered for Medicare plans]</p> |
|-----------|---|



MEDICAL COVERAGE POLICY SERVICE: Psychological Testing

| | |
|------------------------|-------------------|
| Policy Number: | 224 |
| Effective Date: | 02/01/2024 |
| Last Review: | 01/15/2024 |
| Next Review: | 01/15/2025 |

| | |
|-------------------|--|
| | 96146 Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only. [Covered for Medicare plans] |
| CPT Not Covered | |
| ICD10 codes | |
| ICD10 Not covered | F70 - F79 - Intellectual difficulties F80.1 - F98.9 - Developmental & emotional disorders, ASD R53.81 - R83.83 - Fatigue & malaise Z13.850 - Encounter for screening for traumatic brain injury |

POLICY HISTORY:

| Status | Date | Action |
|----------|------------|---|
| New | 09/08/2016 | New policy |
| Update | 03/28/2017 | Added requirement for testing to be done by psychologist or psychiatrist |
| Reviewed | 02/06/2018 | No changes |
| Reviewed | 06/27/2019 | Updated codes |
| Updated | 05/28/2020 | Reviewed and aligned for FirstCare and SWHP |
| Reviewed | 05/27/2021 | Updated non-covered codes. |
| Updated | 10/28/2021 | Added mental health parity review. Removed restriction on technician testing |
| Reviewed | 10/27/2022 | No changes |
| Reviewed | 09/19/2023 | Formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes. |
| Reviewed | 01/15/2024 | Incorrect header title and policy number corrected to correct title / policy number. |

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence surrounding neuropsychological testing and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. American Academy of Clinical Neuropsychology. American Academy of Clinical Neuropsychology (AACN) practice

MEDICAL COVERAGE POLICY SERVICE: Psychological Testing

Policy Number: 224

Effective Date: 02/01/2024

Last Review: 01/15/2024

Next Review: 01/15/2025

- guidelines for neuropsychological assessment and consultation. Clin Neuropsychol. 2007 Mar;21(2):209-31.
2. American Psychiatric Association. Practice guideline for the Psychiatric Evaluation of Adults. Second Edition. June 2006. Available at URL address: http://www.psychiatryonline.com/pracGuide/pracGuideTopic_1.aspx
 3. American Psychiatric Association. Position statement: Recognition and Management of HIV-Related Neuropsychiatric Findings and Associated Impairments. October 2003. Available at URL address: <http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/200305.asp>
 4. American Psychological Association, Presidential Task Force on the Assessment of Age-Consistent Memory Decline and Dementia (1998). Guidelines for the evaluation of dementia and age-related cognitive decline. Washington, DC: American Psychological Association. Available at URL address: <http://www.apa.org/practice/dementia.html>
 5. Bagheri MM, Kerbeshian J, Burd L. Recognition and management of Tourette's syndrome and tic disorders. Am Fam Physician. 1999 Apr 15;59(8):2263-72, 2274.
 6. Banks ME. The role of neuropsychological testing and evaluation: when to refer. Adolesc Med. 2002 Oct; 13(3):643-62.
 7. Butcher JN, Perry JN, Atlis MM. Validity and utility of computer-based test interpretation. Psychol Assess. 2000 Mar;12(1):6-18.
 8. Costa DI, Azambuja LS, Portuguez MW, Costa JC. Neuropsychological assessment in children. J Pediatr. 2004;80(2 suppl):S111-S116.
 9. EAST Practice Management Guidelines Work Group. Practice management guidelines for the management of mild traumatic brain injury. Winston-Salem (NC): Eastern Association for the Surgery of Trauma (EAST); 2000. Available at URL address: <http://www.east.org/tpg/tbi.pdf>
 10. Filipek PA, Accardo PJ, Ashwal S, Baranek GT, Cook EH Jr, Dawson G, et al. Practice parameter: screening and diagnosis of autism: report of the Quality Standards Subcommittee of the American Academy of Neurology and the Child Neurology Society. Neurology. 2000 Aug 22;55(4):468-79.
 11. Jankovic J. Movement disorders. In: Goetz CG. Textbook of Clinical Neurology, 3rd ed. Philadelphia: Saunders, an Imprint of Elsevier; 2007. ch 34.
 12. Kaplan HI, Sadock BJ, Sadock VA. Kaplan & Sadock's comprehensive textbook of psychiatry. Diagnosis and Psychiatry: Examination of the Psychiatric Patient. Part 7. Philadelphia: Lippincott Williams; 2005.
 13. Luciana M. Practitioner review: computerized assessment of neuropsychological function in children: clinical and research applications of the Cambridge Neuropsychological Testing Automated Battery (CANTAB). J Child Psychol Psychiatry. 2003 Jul;44(5):649-63.
 14. Patel DR, Shivdasani V, Baker RJ. Management of sport-related concussion in young athletes. Sports Med. 2005;35(8):671-84.
 15. Petersen RC, Stevens JC, Ganguli M, Tangalos EG, Cummings JL, DeKosky ST. Practice parameter: early detection of dementia: mild cognitive impairment (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2001 May 8;56(9):1333-42.
 16. Pliszka S; AACAP Work Group on Quality Issues. Practice parameter for the assessment and treatment of children and adolescents with attention-deficit/hyperactivity disorder. J Am Acad Child Adolesc Psychiatry. 2007 Jul;46(7):894-921.
 17. Schlegel RE, Gilliland K. Development and quality assurance of computer-based assessment batteries. Arch Clin Neuropsychol. 2007 Feb;22 Suppl 1:S49-61. Epub 2006 Nov 7.
 18. Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with dementia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2006 Feb.
 19. Schatz P, Browndyke J. Applications of computer-based neuropsychological assessment. J Head Trauma Rehabil. 2002 Oct;17(5):395-410.
 20. Stebbins GT. Neuropsychological testing. In: Goetz C. Textbook of clinical neurology. 3rd ed. Chicago, IL: W.B. Saunders Company; 2007. ch 27.
 21. Tuchman R. Autism. Neurol Clin. 2003 Nov;21(4):915-32.
 22. Volkmar F, Cook EH Jr, Pomeroy J, Realmuto G, Tanguay P. Practice parameters for the assessment and treatment



MEDICAL COVERAGE POLICY SERVICE: Psychological Testing

| | |
|-----------------|------------|
| Policy Number: | 224 |
| Effective Date: | 02/01/2024 |
| Last Review: | 01/15/2024 |
| Next Review: | 01/15/2025 |

of children, adolescents, and adults with autism and other pervasive developmental disorders. American Academy of Child and Adolescent Psychiatry Working Group on Quality Issues. J Am Acad Child Adolesc Psychiatry. 1999 Dec;38(12 Suppl):32S-54S.

23. Wild K, Howieson D, Webbe F, Seelye A, Kaye J. Status of computerized cognitive testing in aging: a systematic review. *Alzheimers Dement*. 2008 Nov;4(6):428-37.
24. Professional Societies/Organizations: American Academy of Neurology (AAN): The Quality Standards Subcommittee of the AAN published an evidence-based review: Practice parameter: early detection of dementia: mild cognitive impairment. The recommendations include (Petersen, et al., 2001):
25. Texas Medicaid Provider Procedures Manual (TMPPM) June, 2016
26. Anderson N, Schlueter JE, Carlson JF, and Geisinger KF (Eds.). (2016). *Tests in Print IX*. Lincoln, NE: Buros Center for Testing.

Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs.



MEDICAL COVERAGE POLICY SERVICE: Psychological Testing

Policy Number: 224

Effective Date: 02/01/2024

Last Review: 01/15/2024

Next Review: 01/15/2025

***** FOR INTERNAL BSWHP USE ONLY *****

| Acronym | Test | BUROS Ref | Age | Time | Buros | Beacon | Comment |
|---------------|---|-----------|--------|------|-------|--------|---|
| ABAS-3 | Adaptive Behavior Assess System 3 rd ed | 48 | all | 30 | 20 | 30 | |
| ADOS | Autism Diagnostic Observation Schedule | | Child | 60 | 45 | 60 | <i>Time from publisher (WPSpublish.com)</i> |
| ADOS-2 | Autism Diagnostic Observation Schedule 2 nd ed | | Child | 60 | 60 | | <i>Time from publisher (WPSpublish.com)</i> |
| BASC-PRS | Behavior Assessment System for Children Preschool | 220 | 2-5 | 30 | 15 | 30 | |
| BASC-TRS | Behavior Assessment System for Children Teen | 220 | 6-18 | 30 | 15 | 30 | |
| CDI | Child Development Inventory | 392 | 1-6 | 50 | 50 | | |
| CDI 2 | Children's Depression Inventory | 405 | 7-17 | 15 | 15 | 15 | |
| CONNOR-KCPT-2 | Kiddie version Conner's Continuous | 533 | 4-7 | 15 | 8 | 15 | |
| CONNOR CPT-3 | Conner's Continuous Performance Test 3 rd ed | 531 | 8+ | 15 | 14 | 60 | <i>Time from publisher</i> |
| CPT-3 | Conner's Continuous Performance Test 3 rd ed | 531 | 8+ | 15 | 14 | 60 | <i>Time from publisher</i> |
| HTP | House-Tree-Person test | 949 | 7-11 | 30 | - | 30 | |
| PDDBI | PDD Behavior Inventory | 1475 | | 45 | 45 | | <i>Autism assessment</i> |
| RIAS | Reynolds Intellectual Assessment Scales | 1737 | 3+ | 45 | 45 | 45 | IQ/memory |
| ROTTER | Rotter Incomplete Sentences Bland 2 nd ed | 1753 | Teen+ | 40 | 40 | 60 | |
| TSCYC | Trauma Symptom Checklist for Young Children | 2177 | 3-12 | 20 | 20 | 15 | |
| VINELAND | Vineland Adaptive Behavior Scales | 2203 | all | 65 | 65 | 75 | <i>Assessment of adaptive behavior within classroom and other settings</i> |
| WFAS | Wechsler Fundamentals: Academic Skills | 2229 | school | 45 | 45 | | Achievement test |



MEDICAL COVERAGE POLICY SERVICE: Psychological Testing

Policy Number: 224

Effective Date: 02/01/2024

Last Review: 01/15/2024

Next Review: 01/15/2025

Texas Medicaid Provider Procedures Manual (TMPPM) June, 2016 Psychological testing (procedure code 96101) and neuropsychological testing (procedure code 96118) are covered services when they are provided by a psychiatrist, psychologist, PLP, or LPA

6.11 * Psychological and Neuropsychological Testing
6.11.1 Prior Authorization

Psychological or neuropsychological testing requires prior authorization for services rendered in any place of service except the inpatient setting under the following circumstances:

- After the 30 encounter or visit annual limitation has been met
- If more than four hours of testing per day, or more than eight hours of testing per calendar year, are medically necessary

Dr. Emilie Becker emilie.becker@hhsc.state.tx.us
Dr. Randall Moore Randall.Moore@BSWHealth.org