

|                                 |                                                                                                                                         |                      |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| PerformCARE <sup>®</sup>        |                                                                                                                                         | Policy and Procedure |
| <b>Name of Policy:</b>          | Authorization of Psychological and Neuropsychological Testing                                                                           |                      |
| <b>Policy Number:</b>           | CM-012                                                                                                                                  |                      |
| <b>Contracts:</b>               | <input checked="" type="checkbox"/> All counties<br><input type="checkbox"/> Capital Area<br><input type="checkbox"/> Franklin / Fulton |                      |
| <b>Primary Stakeholder:</b>     | Clinical Care Management                                                                                                                |                      |
| <b>Related Stakeholder(s):</b>  | All Departments                                                                                                                         |                      |
| <b>Applies to:</b>              | Associates                                                                                                                              |                      |
| <b>Original Effective Date:</b> | 03/09/02                                                                                                                                |                      |
| <b>Last Revision Date:</b>      | 01/22/25                                                                                                                                |                      |
| <b>Last Review Date:</b>        | 01/22/25                                                                                                                                |                      |
| <b>OMHSAS Approval Date:</b>    | N/A                                                                                                                                     |                      |
| <b>Next Review Date:</b>        | 01/01/26                                                                                                                                |                      |

**Policy:** PerformCare will authorize requested psychological and neuropsychological testing to address behavioral issues for Members following review and approval by a PerformCare licensed Psychologist Advisor.

**Purpose:** To assure the timely review, decision making, and authorization of requests for psychological and neuropsychological testing.

**Definitions:** None

**Acronyms:** None

**Procedure:**

1. Psychological and Neuropsychological Testing require prior authorization.
2. Providers, submit requests for psychological and neuropsychological testing on the PerformCare Psychological and Neuropsychological Testing Request form. The results from the diagnostic assessment supporting the request should be included if available.
3. A PerformCare Psychologist Advisor will review the request and make a medical necessity decision based upon the following:
  - 3.1. PerformCare Testing Guidelines for HealthChoices.
  - 3.2. In consideration of test manuals and current professional standards for psychological testing such as those published by the American Psychological Association.

4. A PerformCare associate will notify the Member and provider if the request is denied according to *CM-013 Approval/Denial Process and Notification*.
5. A PerformCare associate will issue an approval letter for approved requests.
6. Providers are required to submit a copy of the testing results/evaluation through NaviNet within 10 calendar days of completing the written results of the testing for payment.
7. PerformCare will generate an authorization for the Provider to submit with claim for payment within 2 business days of PerformCare receiving testing results/evaluation. Claims submitted without an authorization will be denied.
8. The Provider is responsible to bill the post testing results discussion with the Member under the testing code.

**Related Policies:** *CM-009 Use of IQ and Adaptive Functioning Testing to Diagnose Intellectual Disabilities*  
*CM-013 Approval/Denial Process and Notification*

**Related Reports:** None

**Source Documents  
and References:** None

**Superseded Policies  
and/or Procedures:** None

**Attachments:** [\*Attachment 1 Psychological and Neuro-Psychological Testing Request Form\*](#)  
*Attachment 2 PerformCare HealthChoices Guidelines for Testing*  
*Attachment 3 Guidelines for Psychological-Neuropsychological Tests and Times*  
*Attachment 4 PSB Assessment Request Form*

Approved by:



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Primary Stakeholder

## **TESTING GUIDELINES**

### **PerformCare: HealthChoices**

#### **Guidelines for Psychological Testing**

Testing of personality characteristics, symptom levels, intellectual level or functional capacity is sometimes medically necessary to assist with diagnosis and/or treatment planning for behavioral health disorders and/or psychological factors affecting medical conditions. In most situations, clinical interviews and brief assessments provide sufficient information for diagnosing behavioral health disorders and determining the most appropriate treatment. Self-report tests without need for formal interpretation and report are not considered to be Psychological Testing. In those specific situations when a particular battery of psychological instruments may be helpful in addressing a very specific clinical questions, a case- by- case review will involve the following guidelines, since Appendix T of the HealthChoices Behavioral Health Program Standard and Requirements does not include psychological testing medical necessity guidelines. Clinical data recorded in the Psychological Testing Prior Authorization Form shall include the referral question, presenting problems, diagnostic impressions, and the purpose for the assessment. The following reasons are insufficient for testing requests. (e.g., for “care coordination,” “treatment planning”, “differential diagnosis”, “rule- outs”, “clarifying symptoms”).

A referral for psychological testing should include:

1. Presenting problems.
2. Specific referral and/or diagnostic question to be answered.
3. A list of measures that will be used to answer the referral/ diagnostic question.
4. The amount of time needed for each measure to be administered, scored and interpreted. PerformCare bases its decision-making regarding the number of hours approved based on published test administration standards, with reasonable analysis and reporting hours added in consideration of the battery of requested tests.
5. How treatment planning will be affected by the results.
6. A record of previous testing and how these results were obtained, reviewed and utilized to determine the need for additional information to answer the referral question.

Requirements for Authorization:

1. Tests must possess adequate psychometric properties (e.g., reliable, valid, and properly normed) to answer the referral question. The tests must be the most recent editions, be age-appropriate and meet the developmental and cultural requirements of the Member.
2. A mental health assessment must be completed by a behavioral health provider prior to testing. This clinical interview may be accompanied by self-report scales or behavior rating scales; and many times is sufficient for diagnosis and planning treatment.
3. A clear and detailed rationale for testing must be included in the request. Additional tests that do not address the behaviors or concerns listed in the referral question should not be requested. The impact on treatment should be addressed in the rationale.

4. A Psychological Testing Prior Authorization Request Form must be completed. The evaluator must complete all sections.

#### Medical Necessity Guidelines:

Each of these guidelines must be met for testing to be authorized:

1. The referral question cannot be answered by other sources of data such as the clinical interview, self-report measures or routine screening of behavioral health disorders.
2. Diagnostic clarification clearly relates to the Member's current or future behavioral health treatment. Testing repetitive to existing diagnoses should not be included in a request.
3. The test results will have a meaningful impact on current or future behavioral health treatment.
4. Retesting or additional testing must demonstrate incremental validity, or that medical necessity is met for more intensive diagnostic workup or to provide information that cannot be obtained through other means (e.g., self-report inventories, rating scales, observation, and/or prior psychoeducational test results).
5. The clinical case should be of sufficient complexity/difficulty that less intensive assessment measures have failed to clarify the situation.
6. The psychological testing and resulting treatment plan must be consistent with generally accepted standards of care.
7. The service and recommendations resulting from the psychological testing must be reasonably expected to help restore or maintain the Member's health, or to improve or prevent deterioration of an existing condition.

#### Reasons for Non Authorization:

1. Testing primarily for educational or vocational purposes.
2. Testing for legal purposes (e.g., child custody, abuse investigations, and fitness for parenting, court orders) unrelated to behavioral health treatment.
3. Testing for rehabilitation purposes related to medical conditions.
4. Testing that exceeds published standards for administration, scoring and interpretation time.
5. Routine entrance into a treatment program (e.g., substance use residential treatment).
6. Submission of insufficient clinical information to make an informed medical necessity determination, or more specifically, a submission of minimal information with regard to the referral question, rationale for psychological testing and/or the impact on treatment.
7. The referral question could be answered through routine screening or assessment measures alone (e.g., self-report inventories, rating scales).
8. Services that are primarily for the convenience of the Member, provider or another party.
9. Testing that is not directly relevant or necessary for the proper diagnosis and development of a treatment plan for a behavioral health disorder or associated medical condition.

#### Billing Codes and Payment Requirements:

**Descriptions of 2019 CPT Codes, effective January 1, 2019***Current Procedural Terminology, CPT 2019 © American Medical Association. All Rights Reserved.*

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 96130*  | <p>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; <b>first hour</b>.</p> <p>Evaluation services must also always be performed by the professional prior to test administration, and may be billed on the same or different days. This pre-testing evaluation, which can include time spent in diagnostic interviewing and test selection, should be billed under 96130.</p> |
| 96131*  | <p>Each <b>additional hour</b> (List separately in addition to code for primary procedure)</p> <p>The first hour of evaluation is billed using 96130 and each additional hour needed to complete the service is billed with code add-on 96131.</p> <p>CPT Time Rules allow an additional unit of a time-based code to be reported as long as the mid-point of the stated amount of time is passed. Beyond the first hour (96130), at least an additional 31 minutes of work must be performed to bill the first unit of the add-on code 96131.</p>                                                                                                                                        |
| 96136** | Psychological (or neuropsychological) test administration and scoring <b>by professional, first 30 minutes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 96137** | Psychological (or neuropsychological) test administration and scoring <b>by professional, each additional 30 minutes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 96138** | Psychological (or neuropsychological) test administration and scoring <b>by technician, first 30 minutes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 96139** | Psychological (or neuropsychological) test administration and scoring <b>by technician, each additional 30 minutes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

\* Professional services, such as test selection, clinical decision-making and test interpretation, previously billed with 96101, should now be billed using Psychological Evaluation codes (96130 & 96131).

\*\*Time spent scoring tests is now considered to be billable time.

Reimbursement by PerformCare for the direct professional services (96130, 96131, 96136, 96137) will be made only when the test administration, interpretation and report preparation is completed directly by qualified providers. As defined in the CPT description itself, a qualified provider is defined as a psychologist or physician (e.g., psychiatrist) practicing within the scope of their license and training. Providers should adhere to generally accepted professional standards including those outlined in the Standards for Educational and Psychological Testing (American Educational Research Association, American Psychological Association, National Council on Measurement in Education). Standard 12.1 notes that “Those who use Psychological

tests should confine their testing and related assessment activities to their areas of competence, as demonstrated through education, supervised training, experience, and appropriate credentialing.” PerformCare will not reimburse under these codes for test administration, interpretation and report preparation completed by those who are not licensed psychologists or physicians. For example, billing for 96130 completed by master’s or doctoral prepared individuals and physician extenders, who are not licensed psychologists or physicians, are not reimbursable as qualified providers (except as defined below under 96138 and 96139). This prohibition is not intended to prohibit the appropriate use of various rating scales and other instruments used in the context of psychotherapy. However, such use should not be billed as Psychological Testing.

In order for administration time to be billable, it must be face-to-face with the Member. Time spent scoring is a billable activity. Although there is a CPT code for when a patient takes a standardized, computer-based test that is not administered by a clinician or technician, **96146** (Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only), this code is not considered separately reimbursable by PerformCare at this time.

For 96138 and 96139 use, PerformCare defines a technician as a pre-doctoral intern, a post-doctoral fellow, or a master’s level (behavioral health degree) technician working under the direct supervision of a licensed psychologist or physician. If the individual is working within the scope and context of being a psychologist in training (e.g., psychology interns and residents), the technician can also participate in interpretation and report preparation. However, the psychologist or physician remains fully responsible and accountable to provide the qualified health care professional interpretation and report. In order for technician administration time to be billable, it must be face-to-face with the Member.

***Please note that the total approved and authorized Psychological Testing hours will be issued by PerformCare under the primary CPT code of 96130. Providers should bill according to the above guidelines using the appropriate combination of 96130, 96131, 96136, 96137, 96138, 96139.***

### **Guidelines for Developmental Testing**

Developmental testing is typically used for individuals with developmental delays. This type of testing is most often used to screen for autistic spectrum disorders; but may be used to determine intellectual disabilities in some cases when prior testing is not available or accessible through other sources. The assessment is typically used to determine the need for early intervention services, or to provide specific recommendations for planning behavioral health treatment. Developmental psychological testing generally includes measures to determine level of adaptive functioning, social skills, speech, gross and fine motor skills; and cognitive development. Each referral will be reviewed on a case- by- case basis involving the following guidelines, since Appendix T of the HealthChoices Behavioral Health Program Standard and Requirements does not include psychological testing medical necessity guidelines. Clinical data recorded in the

Psychological Testing Prior Authorization Form shall include the referral question, presenting problems, diagnostic impressions and the purpose for the assessment. The following reasons are insufficient for testing requests. (e.g., for “care coordination”, “treatment planning”, “differential diagnosis”, “rule- outs”, “clarifying symptoms”).

A referral for developmental testing should include:

1. Presenting problems.
2. Specific referral and/or diagnostic question to be answered.
3. A list of measures that will be used to answer the referral/ diagnostic question.
4. The amount of time needed for each measure to be administered, scored and interpreted. PerformCare bases its decision-making regarding the number of hours approved based on published administration standards, with reasonable analysis and reporting hours added in consideration of the battery of requested tests.
5. How treatment planning will be affected by the results.
6. A record of previous testing and how these results were obtained, reviewed and utilized to determine the need for additional information to answer the referral question.

Requirements for Authorization:

1. Tests must possess adequate psychometric properties (e.g., reliable, valid, and properly normed) to answer the referral question. The tests must be the most recent editions, be age-appropriate and meet the developmental and cultural requirements of the Member.
2. A mental health assessment must be completed by a behavioral health provider prior to testing. The clinical interview should include a detailed developmental history, and may be accompanied by self-report measures specifically designed for the developmentally delayed population.
3. A clear and detailed rationale for testing must be included in the request. The impact on treatment should be addressed in the rationale.
4. A Psychological Testing Prior Authorization Request Form must be completed. The evaluator must complete all sections.

Medical Necessity Guidelines:

Each of these guidelines must be met for testing to be authorized:

1. The clinical interview clearly indicates the presence of developmental delays and the need for further testing to clarify diagnosis.
2. Diagnostic clarification clearly relates to the Member's 's current or future behavioral health treatment.
3. The test results will have a meaningful impact on current or future behavioral health treatment.
4. Retesting or additional testing must demonstrate incremental validity, or that medical necessity is met for more intensive diagnostic work up or to provide information that cannot be obtained through other means (e.g., self-report inventories, rating scales, observation, and prior psychoeducational test results).
5. The developmental testing and resulting treatment plan must be consistent with generally accepted standards of care.



6. The service and recommendations resulting from the developmental testing must be reasonably expected to help restore or maintain the Member's health, or to improve or prevent deterioration of an existing condition.

Reasons for Non Authorization:

1. Testing primarily for educational or vocational purposes.
2. Testing for legal purposes (e.g., child custody, abuse investigations, and fitness for parenting, court orders) unrelated to behavioral health treatment.
3. Testing for rehabilitation purposes related to medical conditions.
4. Testing that exceeds published standards for administration, scoring and interpretation time.
5. Routine entrance into a treatment program (e.g., substance use residential treatment).
6. Submission of insufficient clinical information to make an informed medical necessity determination, or more specifically, a submission of minimal information with regard to the referral question, rationale for psychological testing and/or the impact on treatment.
7. Services that are primarily for the convenience of the Member, provider or another party.
8. Testing that is not directly relevant or necessary for the proper diagnosis and development of a treatment plan for a behavioral health disorder or associated medical condition.

Billing Codes and Payment Requirements:

**See above Descriptions of 2019 CPT Codes, effective January 1, 2019**

### **Guidelines for Neuropsychological Testing**

Neuropsychological testing is typically used when a Member exhibits symptoms of intellectual compromise and neurological dysfunction, in order to determine the extent of cognitive impairment and to clarify the presence of residual functioning that would respond to rehabilitation. The assessment results are used to plan the appropriate level of rehabilitation, to monitor Member response to treatment, and to assess progress over time. Acute brain insult, epilepsy, dementia, cerebrovascular accidents, confirmed neurotoxin exposure, multiple sclerosis and encephalitis/ meningitis would be examples of conditions that warrant neuropsychological assessment. Accompanying behavioral health disorders (e.g., ADHD, learning disabilities, and/or depression) and some medical conditions (e.g., hydrocephalus, possible neurotoxin exposure, and brain tumors) might warrant neuropsychological assessment, but would be considered on a case-by-case basis. A neuropsychological assessment generally contains measures to evaluate cognitive and physical aspects of the Member's presentation. The focus is on identifying the organic sources of the emotional or behavioral disturbance noted in the referral question. Reassessment is typically conducted to identify improvement, decline and treatment effectiveness, and to answer a specific question. Appropriate referral questions may address the ability to work, live independently or perform basic self-care activities. Nonspecific reasons for testing are not acceptable (e.g., for "care coordination", "treatment planning", "differential diagnosis", "rule-outs", "clarifying symptoms"). In those specific situations when a



particular battery of psychological instruments may be helpful in addressing a very specific clinical questions, a case- by- case review will involve the following guidelines, since Appendix T of the HealthChoices Behavioral Health Program Standard and Requirements does not include psychological testing medical necessity guidelines. Clinical data recorded in the Psychological Testing Prior Authorization Form shall include the referral question, presenting problems, diagnostic impressions and the purpose for the assessment. The following reasons are insufficient for testing requests. (e.g., for “care coordination”, “treatment planning”, “differential diagnosis”, “rule- outs”, “clarifying symptoms”).

A referral for neuropsychological testing should include:

1. Presenting problem.
2. Specific referral and/or diagnostic question to be answered.
3. A list of measures that will be used to answer the referral/ diagnostic question.
4. The amount of time needed for each measure to be administered, scored and interpreted. PerformCare bases its decision making regarding the number of hours approved based on published administration standards, with reasonable analysis and reporting hours added in consideration of the battery of requested test.
5. How treatment planning will be affected by the results.
6. A record of previous testing and how these results were obtained, reviewed and utilized to determine the need for additional information.

Requirements for Authorization:

1. Tests must possess adequate psychometric properties (e.g., reliable, valid, and properly normed) to answer the referral question. The tests must be the most recent editions, be age-appropriate and meet the developmental and cultural requirements of the Member.
2. An assessment completed by a qualified medical professional (e.g., psychiatrist, neurologist or medical specialist) must be completed prior to any request for neuropsychological testing. This assessment should include the Member’s medical history, the Member’s developmental history, the Member’s present clinical functioning, any previous evaluation results, diagnostic impressions and justification for further assessment.
3. A clear and detailed rationale for testing must be included in the request. The impact on treatment should be addressed in the rationale.
4. A Neuropsychological Testing Prior Authorization Request Form must be completed. The evaluator must complete all sections.

Medical Necessity:

Each of these guidelines must be met for testing to be authorized:

1. The clinical interview clearly indicates the presence of organic dysfunction of a cognitive/ physical nature, and the need for further testing to clarify diagnosis.
2. Diagnostic clarification clearly relates to the Member’s current or future behavioral health treatment.

3. The test results will have a meaningful impact on current or future behavioral health treatment.
4. Retesting or additional testing must demonstrate incremental validity, or that medical necessity is met for more intensive diagnostic workup or to provide information that cannot be obtained through other means (e.g., self-report inventories, rating scales, observation, and prior psychoeducational test results).
5. The neuropsychological testing and resulting treatment plan must be consistent with generally accepted standards of care.
6. The service and recommendations resulting from the psychological testing must be reasonably expected to help restore or maintain the Member's health, or to improve or prevent deterioration of an existing condition.
7. Academic achievement assessments may be used for the purpose of conducting comprehensive neuropsychological testing.

**Reasons for Non Authorization:**

1. Testing primarily for educational or vocational purposes. HealthChoices does not cover achievement testing solely for educational/school purposes.
2. Testing for legal purposes (e.g., child custody, abuse assessments, and fitness for parenting, court orders) unrelated to behavioral health treatment.
3. Testing that exceeds published standards for administration, scoring and interpretation time.
4. Routine entrance into a treatment program (substance use residential treatment)
5. Submission of insufficient clinical information to make an informed medical necessity determination, or more specifically, a submission of minimal information with regard to the referral question, rationale for neuropsychological testing and/or the impact on treatment.
6. Services are primarily for the convenience of the Member, provider or another party.
7. Testing that is not directly relevant or necessary for the proper diagnosis and development of a treatment plan for a behavioral health disorder or associated medical condition.

**Billing Codes and Payment Requirements:**

**Descriptions of 2019 CPT Codes, effective January 1, 2019**

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|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 96132*  | <p>Neuropsychological 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; <b>first hour</b>.</p> <p>Evaluation services must also always be performed by the professional prior to test administration, and may be billed on the same or different days. This pre-testing evaluation, which can include time spent in diagnostic interviewing and test selection, should be billed under 96130.</p> |
| 96133*  | <p>Each <b>additional hour</b> (List separately in addition to code for primary procedure)</p> <p>The first hour of evaluation is billed using 96132 and each additional hour needed to complete the service is billed with code add-on 96133.</p> <p>CPT Time Rules allow an additional unit of a time-based code to be reported as long as the mid-point of the stated amount of time is passed. Beyond the first hour (96132), at least an additional 31 minutes of work must be performed to bill the first unit of the add-on code 96133.</p>                                                                                                                                             |
| 96136** | Neuropsychological (or psychological) test administration and scoring <b>by professional, first 30 minutes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 96137** | Neuropsychological (or psychological) test administration and scoring <b>by professional, each additional 30 minutes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 96138** | Neuropsychological (or psychological) test administration and scoring <b>by technician, first 30 minutes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 96139** | Neuropsychological (or psychological) test administration and scoring <b>by technician, each additional 30 minutes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

\* Professional services, such as test selection, clinical decision-making and test interpretation, previously billed with 96118, should now be billed using Psychological Evaluation codes (96132 & 96133).

\*\*Time spent scoring tests is now considered to be billable time.

Reimbursement by PerformCare for the direct professional services (96132, 96133, 96136, 96137) will be made only when the test administration, interpretation and report preparation is completed directly by qualified providers. As defined in the CPT description itself, a qualified provider is defined as a psychologist or physician (e.g., psychiatrist) practicing within the scope of their license and training. Providers should adhere to generally accepted professional standards including those outlined in the Standards for Educational and Psychological Testing (American Educational Research Association, American Psychological Association, National Council on Measurement in Education). Standard 12.1 notes that “Those who use Psychological tests should confine their testing and related assessment activities to their areas of competence, as demonstrated through education, supervised training, experience, and appropriate credentialing.” PerformCare will not reimburse under these codes for test administration, interpretation and report preparation completed by those who are not licensed psychologists or

physicians. For example, billing for 96132 completed by master's or doctoral prepared individuals and physician extenders, who are not licensed psychologists or physicians, are not reimbursable as qualified providers (except as defined below under 96138 and 96139). This prohibition is not intended to prohibit the appropriate use of various rating scales and other instruments used in the context of psychotherapy. However, such use should not be billed as Neuropsychological or Psychological Testing.

In order for administration time to be billable, it must be face-to-face with the Member. Time spent scoring is a billable activity. Although there is a CPT code for when a patient takes a standardized, computer-based test that is not administered by a clinician or technician, **96146** (Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only), this code is not considered separately reimbursable by PerformCare at this time.

For 96138 and 96139 use, PerformCare defines a technician as a pre-doctoral intern, a post-doctoral fellow, or a master's level (behavioral health degree) technician working under the direct supervision of a licensed psychologist or physician. If the individual is working within the scope and context of being a psychologist in training (e.g., psychology interns and residents), the technician can also participate in interpretation and report preparation. However, the psychologist or physician remains fully responsible and accountable to provide the qualified health care professional interpretation and report. In order for technician administration time to be billable, it must be face-to-face with the Member.

***Please note that the total approved and authorized Psychological Testing hours will be issued by PerformCare under the primary CPT code of 96130. Providers should bill according to the above guidelines using the appropriate combination of 96132, 96133, 96136, 96137, 96138, 96139.***

### Guidelines for Psychological/Neuropsychological Tests and Times For Administration, Scoring, Interpretation and Report

| Test                                                                                                                                                                                                                              | Hours                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Adaptive Behavior Assessment System –II (ABAS)                                                                                                                                                                                    | 0.25                 |
| Autism Diagnostic Observation Schedule – (ADOS)                                                                                                                                                                                   | 2                    |
| Child Autism Rating Scale (CARS)                                                                                                                                                                                                  | 0.25                 |
| Child Behavior Checklist (Achenbach) –parent, teacher, self                                                                                                                                                                       | 0.25 Each            |
| Behavior Assessment System for Children (BASC)                                                                                                                                                                                    | 0.50 Each            |
| Behavior Rating of Executive Functioning (BRIEF)                                                                                                                                                                                  | 1                    |
| Beck Anxiety Inventory                                                                                                                                                                                                            | 0.25                 |
| Beck Depression Inventory                                                                                                                                                                                                         | 0.25                 |
| Beck Youth Inventory                                                                                                                                                                                                              | 10 min/per Inventory |
| Benton Visual Retention Test                                                                                                                                                                                                      | 0.5                  |
| Boston Naming Test                                                                                                                                                                                                                | 0.25                 |
| Children’s Depression Inventory                                                                                                                                                                                                   | 0.25                 |
| Conners Ratings Scales –Parent, Teacher Forms                                                                                                                                                                                     | .25 Each             |
| Conners Continuous Performance Test                                                                                                                                                                                               | 0.5                  |
| Delis Kaplan Executive Function System (DKEFS)<br><b>Note: Clinical rationale for each test from system proposed must be provided/not to be combined with other repetitive neuropsychological batteries tests</b>                 | 0.5 - 2.0            |
| MCMI-III (Millon)                                                                                                                                                                                                                 | 2                    |
| M-ACI, MAPI, M-Pre-API, MPACI                                                                                                                                                                                                     | 1.0 Each             |
| MMPI-2 and MMPI-A                                                                                                                                                                                                                 | 1                    |
| NEPSY-II: A Developmental Neuropsychological Assessment System<br><b>Note: Clinical rationale for each test from system proposed must be provided/not to be combined with other repetitive neuropsychological batteries tests</b> | .5 to 2.0            |
| Personality Inventory for Children-2                                                                                                                                                                                              | 1                    |
| Personality Assessment Inventory                                                                                                                                                                                                  | 1                    |
| Rorschach (approved for assessment of possible psychosis only)                                                                                                                                                                    | 2                    |
| Social Responsiveness Scale (SRS)                                                                                                                                                                                                 | 0.25                 |
| Stroop Color-Word                                                                                                                                                                                                                 | 0.5                  |
| Test of Variable Attention                                                                                                                                                                                                        | 1                    |
| Trails A & B                                                                                                                                                                                                                      | 0.5                  |
| Trauma Symptom Checklist (Adult and Child)                                                                                                                                                                                        | 0.25                 |
| Vineland Adaptive Behavior Scales                                                                                                                                                                                                 | 1                    |
| WAIS-IV (IQ)                                                                                                                                                                                                                      | 3                    |
| WISC-IV (IQ)                                                                                                                                                                                                                      | 3                    |
| Wisconsin Card Sort                                                                                                                                                                                                               | 0.75                 |
| Wechsler Memory Scale                                                                                                                                                                                                             | 1                    |
| WPPSI (preschool IQ)                                                                                                                                                                                                              | 2                    |

***Note: This list is a set of guidelines to be followed when requesting the time needed to complete assessments including administration, scoring, and interpretation of tests. Tests repetitive of one and other should not be requested. Tests related to only the referral question should be requested and a clear rationale should be provided. Tests listed are the most commonly requested by evaluators and this is not comprehensive of all assessments that can be requested. Tests requested not included on this list may be requested with a clear rationale for the use and should include the time for testing being requested. Tests requested not included in this list should be considered for validity and reliability, as well as general acceptance in the professional practice of psychology as a sound measure for the concern being assessed.***

## **Problem Sexual Behavior (PSB) Assessment Prior Authorization Form -Capital Counties Only**

**This form must be submitted to PerformCare and approved before the start of services. Upon completion, please fax form to 1-855-707-5823. Commonwealth Clinical and Diakon-SPIN Only.**

Today's Date: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Member Name: \_\_\_\_\_

MAID # \_\_\_\_\_

County: ☐ Cumberland ☐ Dauphin ☐ Lancaster ☐ Lebanon ☐ Perry

Name of Person Completing Form: \_\_\_\_\_

Phone #: \_\_\_\_\_

Provider Name: \_\_\_\_\_

### **PSB Assessment Codes Requested: (Only use one (1) Code)**

| Code        | Description                                                                                 | Start Date |
|-------------|---------------------------------------------------------------------------------------------|------------|
| 90791HOU3U7 | Assessment date was offered within 7 days of it being requested by the member-guardian.     |            |
| 90791HOU3   | Assessment date was Not offered within 7 days of it being requested by the member-guardian. |            |

### **Referral Reason/Question:**

### **Current DSM Diagnosis:**

What are the current symptoms prompting the request for Assessment? Note #1 is required for PSB.

1. ☐ Problem Sexual Behaviors. Describe the current PSB:

2. ☐ Anxiety ☐ Depression ☐ Inattention ☐ Hypo-Activity ☐ Hyperactivity ☐ Aggression

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Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917

Providers: 1-888-700-7370 Fax: 1-855-707-5823

Mailing Address: 8040 Carlson Road Harrisburg, PA 17112



- ☐ Self-Injurious Behavior   ☐ Withdraw/Poor Social Interaction   ☐ Mood Instability
- ☐ Poor Academic Performance   ☐ Behavior Problems affecting life functions (e.g., school, home)

If there are any alleged victims, was a report made to CYS/Childline or the Police regarding the allegations towards alleged victim and /or if members have a history of being a victim of being abused?

☐ Yes   ☐ No

If reported Indicate Childline # or e-referral ID number and/or Name of Childline Contact Person and badge number \_\_\_\_\_

Indicate who made the report and what is the status of the report?