

MEDICAID STATE PLAN 1915 (B)

SERVICE NAME/AUTHORIZATION LEVEL:

Assessment—Psychological Testing *and Evaluation*/Level 1 Service

SERVICE DESCRIPTION: Services include the utilization of standardized psychological tests by psychologists (fully-licensed, limited –licensed, temporary-limited-licensed). *Services may include tests measuring intelligence, achievement, development, language functioning, behavioral health / addictions, clinical signs / symptoms, mal/adaptive behavior, personality functioning, and neuropsychological functioning.* The beneficiary’s clinical record must indicate justification of the need for psychological evaluation, including the purpose for testing and the planned use of the results. The beneficiary’s clinical record or test report must also indicate the person/s administering the tests, the tests administered, and the results of the tests as well as service recommendations. All pre-testing interviews and post-testing activities (*scoring, interpretation, report writing*) are included in these services.

STANDARD PROCEDURE CODE: 96101

UNIT OF MEASURE: Hour --- the typical length of time needed to complete a psychological testing *battery (a select grouping of tests designed to address a defined clinical concern or need for clinical information)* is two (2) to three (3) hours (based on data collection across the Thumb Alliance for Psychological Testing). *In a psychological testing battery, tests typically comprise a select group of objective and projective instruments, some of which may be self-administered instruments along with psychologist-administered instruments. Psychological testing may also be administered outside of the testing battery format to address specific clinical concerns or information needs, in conjunction with the concurrent utilization of other clinical assessments (e.g. bio-psycho-social assessment, mental status exam). Within this latter format, time needed for testing may periodically take place, typically to a maximum of three (3) hours per year. Along with psychologist-administered instruments, testing may include beneficiary self-administered tests. Within the self-administration format, time taken to administer tests does not apply as a service utilization or billing consideration.*

ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:

1. Beneficiary is experiencing a severe mental illness, severe emotional disturbance, or a developmental disability as defined in the Mental Health Code and located in the Population Specific Practice Guidelines/Eligibility Chapter of this manual.
2. Beneficiary meets eligibility requirements for specialty services, as defined in the Medicaid Provider Manual and located in the Population Specific Practice Guidelines/Eligibility Section of this manual.
3. This service has been determined to meet Medical Necessity Criteria (see section on “Medical Necessity” for specific criteria).

4. The request for psychological testing is NOT primarily related to the determination of educational needs, classroom placement, or instructional accommodation for those beneficiaries between the ages of birth to 26 who are eligible for a psycho-educational evaluation from a public school entity as outlined in the IDEA Act of 1997 and Section 504 of the Rehabilitation Act of 1973.
5. *The request for psychological testing is NOT related to vocational rehabilitation needs for those beneficiaries eligible for referral to ancillary vocational rehabilitation services.*
6. *The request for psychological testing is NOT related to routine clinical screenings or to clinical status measures for program outcomes evaluation. Clinical screenings are regarded as an element of initial clinical assessment services, and clinical status measures related to program outcomes evaluation are regarded as administrative activities.*
7. At least one of the following is present:
 - a. Measures of intelligence and / or mal/adaptive behavior are indicated or required for a determination of Developmental Disability and / or to determine the level of impairment to assist in treatment or care planning.
 - b. Testing is necessary to clarify the necessity for / degree of guardianship and, where applicable, the beneficiary has pursued authorization for this service from his/her **Medicaid Health Plan (MHP)** or commercial insurance and has received a notice of denial of coverage.
 - c. Testing is needed to assist in differentiating between a psychiatric disorder and a neurological disorder as determined by a licensed physician.
 - d. *Testing is necessary to identify effective treatment methods or overall service plan strategies, and / or to provide an objective measure of clinical progress, for amelioration of the presenting problem. In this regard, testing provides an added-value source of clinical information:*
 - i) *Not otherwise available through less-intrusive assessment procedures (e.g. bio-psycho-social assessment, mental status exam, clinical interview / person-centered planning, second-party / significant-other interview, review of legitimate historical records, etc)*
 - ii) *Not otherwise provided for by alternative methods of objectively gauging clinical progress.*
 - e. In the case of a substantial lack of treatment progress, testing is *needed to re-assess diagnosis and prognosis and / or the need to identify other effective treatment methods or overall service plan strategies*, for amelioration of the presenting problem.
 - f. *Testing, in terms of select / specific tests, is a required component within a PIHP-sanctioned Evidence-Based Practice (EBP).*
 - g. The assigned psychiatrist concurs with the need testing services for the beneficiary.
 - h. Prior psychological testing reports are *not available or, if available, are identified by the psychologist as no long relevant or valid.*

PROVIDER QUALIFICATIONS:

- Fully-Licensed Psychologist, **OR**

- Limited-Licensed Psychologist, **OR**
- ***Temporary-Limited-Licensed Psychologist under the Supervision of a Fully-Licensed Psychologist***

TYPICAL SERVICE UTILIZATION PATTERN:

Any beneficiary receiving services may receive up to three (3) Psychological Testing Units (hours) per year ***for a psychological testing battery***, provided they meet the above eligibility criteria / service priority. ***Psychological testing may also be administered outside of the testing battery format to address specific clinical information needs in conjunction with the concurrent utilization of other clinical assessments (e.g. bio-psycho-social assessment, mental status exam). Within this latter format, time needed for testing may periodically take place, typically to a maximum of three (3) hours per year.***

ASSOCIATED OUTCOMES:

Identification of a service plan to improve the ***behavioral*** health or safety of the beneficiary in terms of any one or more of the following outcomes: ***informed diagnosis and prognosis***, recognition of legal competency issues, accommodation of special needs, the ***development of behavioral health / developmental interventions to enhance the beneficiary's capacity for Recovery / Discovery.***