

6.18. Mental Health – Psychological Testing Services

DESCRIPTION OF SERVICES

Psychological testing involves the culturally and linguistically competent administration and interpretation of standardized tests to assess a participant's psychological or cognitive functioning for the purpose of answering specific questions about the participant's diagnosis and future treatment. Testing is viewed as potentially helpful when further clarification on diagnosis and treatment planning is needed after the usual diagnostic evaluation and treatment. It is not considered a routine procedure in a participant's treatment plan. Specific testing procedures selected by the provider should clearly relate to the questions listed on the request for psychological testing found in ProviderConnect or on the Psychological/Neuropsychological Evaluation Form [located on the Beacon Health Options web site](#)

SERVICE RULES

- There is a maximum limit of eight hours per calendar year, per participant for psychological testing.
- Psychological testing is approved only for licensed psychologists and other clinicians for whom testing falls within the scope of their clinical license and who have specialized training in psychological and/or neuropsychological testing.
- Psychological testing should only be requested when other interventions are not successful in providing sufficient information with which to establish a diagnosis or develop an appropriate plan of treatment.
- Psychological testing requires a separate preauthorization request and is not included with other outpatient authorization requests. Psychological testing may occur on an inpatient or outpatient basis; however, if the inpatient day rate includes psychological testing, the testing should not be billed to the Maryland Public Behavioral Health System (PBHS).
- Psychological testing of participants in private psychiatric hospitals is usually part of the day rate. If it is not part of the facility bed rate, it must be pre-authorized by Beacon Health Options, Inc. (Beacon) and billed on a CMS 1500 form by the psychologist rendering the service.
- Testing regarding basic intellectual, cognitive, academic, developmental, psycho-motor and visual-motor functioning is usually considered educational. Testing that is partially or primarily for educational purposes is not a covered benefit.
- In regards to ADHD testing, the expectation is that the diagnosis of ADHD can in most instances be made on the basis of DSM 5 criteria alone and such diagnosis does not necessarily require psychological testing. Extended testing for ADHD is not authorized prior to a thorough evaluation with rating scales. Providers should usually first seek approval for a 90791 and a 90834 for rating scale review and feedback **before** requesting further ADHD testing.
- Testing for a medical condition is the responsibility of the Managed Care Organization (MCO) and should be referred to the MCO for authorization.

The provider requesting Psychological Testing is expected to exchange information and coordinate care with the participant's PCP and other treatment (i.e. substance use disorder treatment, school officials, etc.) providers when clinically indicated and when appropriate release of information has been obtained.

PARTICIPANT ELIGIBILITY

Participants with active Medicaid and participants dually covered under Medicare and Medicaid are eligible for Psychological Testing services. The PBHS reimburses psychological testing services rendered to uninsured eligible participants as State general funds are available.

PROVIDER ELIGIBILITY

Providers are licensed psychologists and psychological associates contracted with Maryland Medicaid to perform psychological testing. In limited situations, such as in an outpatient mental health center (OMHC) or in a hospital with a psychology training program, interns and externs may administer psychological testing under the supervision of a licensed psychologist. The use of psychological interns, externs, or graduate students for psychological testing is not reimbursed by the PBHS to private practitioners.

AUTHORIZATION PROCESS

To obtain authorization for psychological testing, the provider must submit a pre-authorization request through ProviderConnect. The need for psychological testing and the proposed tests plan will be reviewed by a Beacon Care Manager and a determination will be made concerning medical necessity and the number of hours of testing authorized.

In the pre-authorization request, the provider can request time for a clinical interview prior to the administration of a psychological test. Units for initial interview and feedback session with the participant and family member or caregivers to discuss the results of the psychological testing and its implications are processed at the same time the number of hours of testing is authorized.

If a Beacon Clinical Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to a Beacon Physician Advisor for review. If the services requested do not meet medical necessity criteria and are non-authorized, the determination of the non-authorized case will be communicated both via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).

CLAIMS PROCESS

- Claims should be submitted to Beacon on a CMS 1500 form.
- The number of units billed must equal the number of hours of testing provided.
- There is a maximum limit of eight hours per calendar year, per participant for psychological testing.
- In some cases, a psychological associate, under the supervision of a clinical psychologist, may assist in administering a psychological evaluation.
- CPT codes 96136 with add-on code 96137 should be used for test administration and scoring completed by professional; and 96138 and add on code 96139 for test administration and scoring completed by technician
- Claims for unauthorized services will be denied.