Medical Policy
Psychological Testing

Table of Contents
• Policy: Commercial
• Policy: Medicare
• Authorization Information
• Coding Information
• Description
• Policy History
• Information Pertaining to All Policies
• References
• Endnotes

Policy Number: 363
BCBSA Reference Number: N/A
NCD/LCD: N/A

Related Policies
• Neuropsychological Testing, #039

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Psychological testing may be MEDICALLY NECESSARY for any of the following:

Thought disorders: To rule in or rule out the presence of a thought disorder or other serious psychiatric diagnosis in order to:
• Clarify major defenses, cognitive style, and individual's strengths and weaknesses, or
• Individualize treatment plans and recommendations, such as the need for additions/deletions of treatment modalities or approaches.

Psychiatric diagnosis: To make a psychiatric diagnosis which a provider has been unable to make by other methods (such as a second opinion interview) so as to:
• Improve and individualize treatment planning, or
• Better understand and manage a case nonresponsive to treatment.

Refractory global life dysfunction: Personality assessment may be particularly indicated when an individual is markedly dysfunctional in multiple areas of life (such as school, work, neighborhood, family, legal system) and has inadequately responded to previous interventions.

Danger assessment: To assess how dangerous a situation is, if a patient is suicidal or homicidal, or when the clinical assessment interview has been unsuccessful.

Psychological testing for educational or vocational purposes is NOT MEDICALLY NECESSARY.
Psychological testing is **NOT MEDICALLY NECESSARY** when testing has been performed in the last 12 months. However, in some cases, a retesting in a six to 12-month period may be clinically indicated, such as assessment of the following:

- Rapid changes, often decrements, in cognitive functioning,
- Changes concomitant with medication changes, or
- Changes in a severely disturbed individual, for these cases, a partial battery may be sufficient.

**Note:** Psychological testing is payable to the following providers types only: psychiatry-specialty 26, psychologist-specialty 68, child psychiatry-specialty 23, and psychiatry/neurology-specialty 27

**Prior Authorization Information**

Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

### Outpatient

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Yes</th>
<th>Providers must submit the following form: Psychological and Neuropsychological Assessment Supplemental Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>Yes</td>
<td>Providers must submit the following form: Psychological and Neuropsychological Assessment Supplemental Form</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**CPT Codes / HCPCS Codes / ICD Codes**

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>96101</td>
<td>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</td>
</tr>
<tr>
<td>96102</td>
<td>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</td>
</tr>
<tr>
<td>96103</td>
<td>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</td>
</tr>
</tbody>
</table>
Description
Psychological testing uses one or more standardized measurements, instruments, or procedures to observe or record human behavior and requires the application of appropriate normative data for interpretation or classification. Psychological testing may guide differential diagnosis in the treatment of psychiatric disorders and disabilities. Testing may include an assessment of cognitive and intellectual abilities, personality and emotional characteristics and neuropsychological functioning. The primary reason for psychological testing is to facilitate the assessment and treatment of mental health and substance abuse disorders.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/2018</td>
<td>New references added for BCBSMA behavioral health medical policy.</td>
</tr>
<tr>
<td>5/1/2009</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
</tr>
</tbody>
</table>

Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References


Endnotes

1 Based on expert opinion