Behavioral Health Policy: 
**Psychological Testing**

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**Policy Number:** 363  
BCBSA Reference Number: 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

Authorization Information
Commercial Members: Managed Care (HMO and POS)
Prior authorization is required.

Commercial Members: PPO, and Indemnity
Prior authorization is NOT required.

Medicare Members: HMO Blue SM
Prior authorization is required.

Medicare Members: PPO Blue SM
Prior authorization is NOT required.

Coordination of Care Guidelines for Psychological Testing
Psychological Testing Requires Authorization
Managed Care Authorization Process for Psychological Testing

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
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<tbody>
<tr>
<td>1</td>
<td>A mental health professional, the member, or the member’s PCP may initiate a request for psychological testing.</td>
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<tr>
<td>2</td>
<td>If there is no behavioral health authorization on file for the current calendar year, the request for authorization may be called in to the Mental Health Referral Assistant by the requestor. Adults and children are authorized for 12 units of psychological testing.</td>
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<tr>
<td>3</td>
<td>If there is a behavioral health authorization on file for the current calendar year the requestor must submit the request on form #759, Outpatient Treatment Request Form.</td>
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<td>4</td>
<td>A physician reviews all potential denials. The referring provider will be notified about the determination. Denials are sent in writing to the referring provider, PCP, and member.</td>
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CPT Codes / HCPCS Codes / ICD-9 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>
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<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>
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<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>
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**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>
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<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>5/1/2009</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
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**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