

Psychological Testing

Policy Number: SC17P0057A3

Effective Date: May 1, 2018

Last Update: September 19, 2022

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
April 6, 2021	Payment policy language was updated to clarify that CPT codes 96131 must be used in conjunction with 96130.
May 4, 2020	Annual payment policy review was completed. The policy was moved to an updated format and as a result information may have been reformatted. No technical changes were made.
May 1, 2019	Deleted HCPCS codes 96101, 96102, and 96103. Added the –HN modifier and information regarding the correct use of the modifier. Updated payment and billing information. Removed the requirement that test names must be submitted on the claim. Updated the UCare logo and all hyperlinks in the policy.
May 1, 2018	The Psychological Testing policy is implemented by UCare.

APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Minnesota Senior Care Plus (MSC+)	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect	✓
UCare Connect +Medicare (When MHCP is the primary payer)	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	✓

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PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

Psychological tests and other psychometric instruments are used to determine the status of a mental, intellectual and emotional functioning. Outlined below are UCare’s billing and payment guidelines for psychological testing.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Essential Community Provider (ECP)	<p>Means a health care provider that serves high-risk, special needs, and underserved individuals that demonstrates the ability to integrate appropriate supportive and stabilizing services with medical services. In order to be designated as an ECP, a provider must demonstrate that it meets the requirements of Minnesota Statutes 62Q.19 and Minnesota Rules Chapter 4688. Those regulations require that ECPs:</p> <ul style="list-style-type: none"> • Provide or coordinate supportive and stabilizing services, such as transportation, childcare, linguistic services, and culturally sensitive and competent services to its clients; • Serve all patients, regardless of their financial limitations; and • Charge patients for their services based on a sliding fee schedule, if the ECP is a non-profit organization.
Notification	<p>Means the process of informing UCare or their delegates of a specific medical treatment or service prior to billing for certain services. Services that require notification are not subject to review for medical necessity but must be medically necessary and covered within the member’s benefit set. If claims are submitted to UCare and no</p>

TERM	NARRATIVE DESCRIPTION
	notification has been received from the provider, the claim will be denied. UCare does update its' authorization, notification, and threshold requirements from time-to-time.
Prior Authorization	Means an approval by UCare or their delegates prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary. UCare requires certain services to be authorized before services begin. Services provided without an authorization will be denied. UCare does update its' authorization, notification, and threshold requirements from time-to-time.
Psychological Testing	Means tests and other psychometric instruments used to determine the status of an individual's mental, intellectual, and emotional functioning. Tests are listed in the most recent Buros' Mental Assessments Handbook edition. Psychological Testing must meet psychological standards for reliability and validity and be suitable for the diagnostic purposes for which they are used.

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

For services to be covered by UCare the patient must be actively enrolled in an UCare MSC Plus, Connect, PMAP, or MinnesotaCare product.

ELIGIBLE PROVIDERS OR FACILITIES

OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

The following providers may administer psychological testing:

- Licensed psychologists (LP) with competence in psychological testing
- Mental health practitioner working as a clinical psychology trainee under the clinical supervision of a licensed psychologist
- Psychological technicians, psychometrists or psychological assistants may administer or score psychological tests under clinical supervision of a licensed psychologist.

Psychological testing may also be administered and scored as part of a computer-assisted psychological testing program.

EXCLUDED PROVIDER TYPES

OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

MODIFIER(S)	NARRATIVE DESCRIPTION
HN	Qualified Clinical Trainee

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
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96130		Psychological testing evaluation services
96131		Psychological testing, evaluation services, <i>each additional hour</i>

CPT® is a registered trademark of the American Medical Association.

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Payment Information

General Information

- Psychological testing may also be administered and scored as part of a computer-assisted psychological testing program.
- The administration, scoring and interpretation of the psychological tests must be done under the clinical supervision of a licensed psychologist when performed by a technician, psychometrist or psychological assistant or as part of computer-assisted psychological program.
- The following components of psychological testing are all-inclusive and are not separately billable, except when testing is computer administered:
 - A face-to-face interview to validate the test results;
 - Administration and scoring of the test(s);
 - Interpreting test results; and
 - Developing a written report to document test results.
- Computer administered testing may be billed separately, when the other components of psychological testing are conducted by a psychologist or psychological technician.

UCare follows MHCP guidelines when applying Master’s level provider reductions to eligible mental health services. Master’s level provider reductions are not applied to mental health services when they are furnished in a Community Mental Health Center (CMHC).

In addition to the Master’s level provider reduction, UCare also applies a 23.7% increase to specific mental health services when furnished by the providers listed below:

- Psychiatrists;
- Advance Practice Nurses;
 - Clinical Nurse Specialist

- Nurse Practitioner
- Community Mental Health Centers;
- Mental health clinics and centers certified under Rule 29 and designated by the Minnesota Department of Mental Health as an essential community provider;
- Hospital outpatient psychiatric departments designated by the Minnesota Department of Mental Health as an essential community provider; and
- Children’s Therapeutic Services and Supports (CTSS) providers for services identified as CTSS in the DHS mental health procedure CPT or HCPCS codes and rates chart.

Additional information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#) (Section 9-18 Fee Schedule Updates)

Covered Services

The following services are included when billing for psychological testing:

- A face-to-face interview
- Administration and scoring
- Interpretation of results
- A written report documenting test results. The report must be:
 - Signed by the psychologist conducting the face-to face interview
 - Placed in the client’s medical record; and
 - Released to each person authorized by the client

Neuropsychological Testing

Refer to UCare’s Neuropsychological Services policy for information regarding neuropsychological testing.

BILLING REQUIREMENTS AND DIRECTIONS

Billing Guidelines

Time Based Services

When billing for services that include time as part of their definition, follow HCPCS and CPT guidelines to determine the appropriate unit(s) of service to report. Based on current guidelines, providers must spend more than half the time of a time-based code performing the service to report the code. If the time spent results in more than one- and one-half times the defined value of the code, and no additional time increment code exists, round up to the next whole number. Outlined below are the billable units

of service based on whether the description of the service includes the unit of measurement of 15 minutes or 60 minutes:

MINUTES	BILLABLE UNITS
Fifteen (15) Minute Increments	
0 – 7 minutes	0 (no billable unit of service)
8 – 15 minutes	1 (unit of billable service)
Sixty (60) Minute Increments	
0 – 30 minutes	0 (no billable unit of service)
31 – 60 minutes	1 (unit of billable service)

General Information

- Claims must be submitted using the 837-P format or its electronic equivalent
- Append the –HN modifier when services are furnished by a qualified clinical trainee.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization, Notification, and Threshold Requirements

UCare does update its’ authorization, notification and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

RELATED PAYMENT POLICY INFORMATION
OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE
Sc14P0011A2	Neuropsychological Services

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

SOURCE DOCUMENTS AND REGULATORY REFERENCES**LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY**

[MHCP Provider Manual, Mental Health Services, Psychiatric Testing](#)

[Minnesota Rule 9505.0372, subpart 4](#)

DISCLAIMER

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”