

5.20 Psychological Testing Services

Service Coverage

Psychological testing involves the administration of reliable and valid psychological tests for the purpose of answering specific questions about the consumer's diagnosis and future treatment. Psychological Testing is not be considered as a routine procedure in an individual's treatment.

Specific testing procedures selected by the psychologist should clearly relate to the questions listed on the request for psychological testing.

Service Rules

There is an upper limit of eight hours of psychological testing per calendar year, per consumer.

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 PMHS.

Psychological testing requires a separate preauthorization request and is not included with other outpatient authorization requests.

Psychological testing of consumers in private psychiatric hospitals is usually part of the day rate. If it is not part of the facility bed rate, it must be preauthorized by ValueOptions[®] Maryland, and billed on a CMS 1500 form by the psychologist rendering the service.

Psychological testing should only be requested when other interventions are not successful in providing sufficient information with which to develop an appropriate plan of treatment.

Educational testing, vocational testing, and testing conducted to rule out a medical condition or for the purpose of placement are excluded benefits and will not be reimbursed by ValueOptions[®] Maryland.

Educational testing is the responsibility of the school system.

Testing for a medical condition is the responsibility of the Managed Care Organization (MCO) and should be referred to the MCO for authorization.

The mental health service provider is expected to exchange information and coordinate care with the consumer's primary care physician and other treatment (i.e. substance abuse treatment) providers when clinically appropriate.

Service Eligibility

Consumers eligible for PMHS services.

Service Providers

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

Authorization Process

To obtain authorization for psychological testing, the provider must submit a preauthorization request through ProviderConnect. The need for Psychological Testing and the proposed tests plan will be reviewed by a licensed psychologist at ValueOptions[®] Maryland and a determination will be made concerning medical necessity and the number of hours of testing authorized.

In the preauthorization request, a psychologist can request time for a clinical interview prior to the administration of a psychological test, and/or the psychologist can request a feedback session with the consumer and family member(s) or care taker(s) to discuss the results of the psychological testing and its implications.

The provider will be notified of ValueOptions[®] Maryland determination of medical necessity through a ProviderConnect download notification.

If medical necessity cannot be determined, ValueOptions[®] Maryland will refer the request to a Physician Advisor for review.

Claims Process

Claims should be submitted to ValueOptions[®] Maryland on a CMS 1500 form. The number of units billed must equal the number of hours of testing provided. In some cases, a psychological associate, under the supervision of a clinical psychologist, may assist in administering a psychological evaluation. In these cases, the number of hours of clinical psychologist time should be billed as CPT Code 96101 and hours spent by the associate should be billed as CPT Code 96102.

Claims for unauthorized services will be denied.

Problems and Solutions

If the services requested do not meet Medical Necessity Criteria and care is non-authorized, please refer to Chapter 9, Grievances and Appeals.