



Medicare Part C Medical Coverage Policy

Psychological Evaluation and Testing

Origination: December 16, 2002
Review Date: December 15, 2021
Next Review: December, 2023

DESCRIPTION OF PROCEDURE OR SERVICE

Psychological evaluations may be beneficial during the initial work-up for the diagnosis and treatment of behavioral adjustment, to identify the psychological components of a disease, illness, injury, or disability or to differentiate psychogenic from organic problems. These evaluations are designed to determine the functional status of known or suspected brain dysfunction through testing of the neuro-cognitive domains responsible for language, perception, memory, learning, problem-solving, and adaptation, and can include a medical assessment with physical examination.

POLICY STATEMENT

Coverage will be provided for psychological evaluations when it is determined to be medically necessary, as outlined in the below guidelines and medical criteria.

BENEFIT APPLICATION

Please refer to the member's individual Evidence of Coverage (E.O.C.) for benefit determination. Coverage will be approved according to the E.O.C. limitations if the criteria are met.

Coverage decisions will be made in accordance with:

- The Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCDs);
- General coverage guidelines included in Original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member's particular Evidence of Coverage (E.O.C.), the E.O.C. always governs the determination of benefits.

INDICATIONS FOR COVERAGE

1. Preauthorization by the Plan is required for psychological evaluations;**AND**

2. Coverage will only be approved when the evaluation is performed by a clinically trained examiner (ex. clinical psychologist, psychologist, advanced nurse practitioner or physician assistant), including but not limited to one of the following:
 - Evaluation of chronic pain, especially when contemplating invasive treatment such as implantation of spinal stimulator or pain pumps;
 - Definition of the neurocognitive effects of central nervous system (CNS) disorders;
 - As part of the work up for a transplant;
 - As part of the work up for bariatric surgery.
 - To assist with diagnosis and management following clinical evaluation when a mental illness or psychological abnormality is suspected.
 - To provide a differential diagnosis from a range of neurological/psychological disorders that present with similar constellations of symptoms, e.g., differentiation between pseudodementia and depression.
 - To determine the clinical and functional significance of a brain abnormality.
 - To describe or portray precisely the specific cognitive basis of functional complaints.

WHEN COVERAGE WILL NOT BE APPROVED

1. **The member is not neurologically and cognitively able to participate in a meaningful way in the testing process or,**
2. Used as screening tests given to the individual or general populations [Section 1862 (a)(7) of the Social Security Act does not extend coverage to screening procedures.]; **or**
3. Administered for educational or vocational purposes that do not establish medical management; **or**
4. Performed when abnormalities of brain function are not suspected; **or**
5. Used for self-administered or self-scored inventories, or screening tests of cognitive function such as AIMS, or Folstein Mini Mental Status Exam (MMSE); **or**
6. Repeated when not required for medical decision making, (i.e. to make a diagnosis, or to start or continue rehabilitative or pharmacological therapy); **or**
7. Administered when the member has a substance abuse background and any one of the following apply:
 - A. the member has ongoing substance abuse such that test results would be inaccurate, **or**
 - B. the member is currently intoxicated, **or**
8. The member has been diagnosed previously with brain dysfunction, and there is no expectation that the testing would impact the member's medical management; **or**

9. The test is being given solely as a screening test for Alzheimer's disease - Medicare does not cover this screening for this diagnosis.

LIMITATIONS

Approval may be given for up to 2 visits and not to exceed 8 hours to complete the evaluation. If more time is required, then a separate request will need to be submitted.

BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION

This policy may apply to the following codes. Inclusion of a code in the section does not guarantee reimbursement.

Applicable codes– Psychiatric Diagnostic Interview Examination

96130- *Psychl tst eval phys/qhp 1st*
 96131- *Psychl tst eval phys/qhp ea*
 96136- *Psychl/nrpsyc tst phy/qhp 1st*
 96137- *Psychl/nrpsyc tst phy/qhp ea*
 96138- *Psychl/nrpsyc tech 1st*
 96139- *Psychl/nrpsyc tst tech ea*
 96146- *Psychl/nrpsyc tst auto result*

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

References:

1. Medicare Local Coverage Determination for Psychiatry and Psychology Services – Wisconsin Physician Service (L34616); Effective date: 10/01/2015, revised 01/01/2017; Accessed via www.cms.gov. Viewed on 12/2/21.
2. Medicare Local Coverage Determination for Psychological & Neuropsychological Testing – Wisconsin Physician Service (L34646); Effective date: 10/01/2015; Accessed via www.cmg.gov. Viewed on 12/2/21
3. BCBSNC- Medicare Medical Policies regarding Spinal Stimulators; Neuropsychological Testing; Transplant; Morbid Obesity Surgery, and their respective references; Viewed online at <http://www.bcbsnc.com/content/providers/blue-medicare-providers/medical-policies/alphabetical-list.htm>; Viewed on 12/2/21.

Policy Implementation/Update Information:

Revision Date: June 22, 2005; February 21, 2007: Updated codes, no criteria changes made.

September 2009: Formatting changes; Added "Delineation of the neurocognitive effects of central nervous system (CNS) disorders" and "As part of the work up for bariatric surgery" to when coverage will be approved.
 March 2012- No criteria changes made.

Revision Date: 08/21/2013. Codes updated and completed annual review of policy. October 29, 2015 updated LCD due to ICD-10 update only.

Revision Date: January 5, 2016. Annual review, updated Description of Procedure/Service per LCD L34646, updated item #2 under Indications For Coverage, updated code and reference section. No additional CMS criteria, no further revisions to policy required.

Revision Date: July 12, 2017. Coding Section update. Removed 96105, 96111, and 90834. No further revisions to policy required.

Revision Date: December 19, 2018: Coding Section Update: Removed 96101, 96102, and 96103 as codes will be deleted on 12/31/18.

Revision Date: February 20, 2019: Annual Review, Coding Update: Added: 96130, 96131, 96136, 96137, 96138, 96139, and 96146.

Revision Date: December 18, 2019: Transition of Mental Health Reviews back to in house. Adding MH criteria to policy. Description Section: Removal of ECM requirement to distinguish between MH or Medical. Indications for Coverage: (2) Removal of "for a medical diagnosis under the medical benefit". Addition of subpoints under (2) directly from LCD.

Revision Date: December 15, 2021; Annual Review; No CMS Updates. Minor Revisions Only.

Approval Dates:

Medical Coverage Policy Committee: December 15, 2021

Policy Owner: Carolyn Wisecarver, RN, BSN
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