



MEDICAL COVERAGE POLICY

SERVICE: Psychologic Evaluation for Medical Procedures

Policy Number:	137
Effective Date:	09/01/2020
Last Review:	07/30/2020
Next Review Date:	07/30/2021

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Psychological Evaluation for Medical and Surgical Procedures

PRIOR AUTHORIZATION: Required.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare LCD (Local Coverage Determination). If there is no applicable LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

SWHP/FirstCare may consider psychological evaluation and testing medically necessary prior to certain medical and surgical procedures. Members should meet the medical necessity criteria for the planned procedure PRIOR TO the psychological evaluation.

Psychological and neuropsychological testing, when authorized, may only be conducted by a psychologist who is both experienced and trained in psychological and neuropsychological assessment and is currently licensed and authorized to practice by the state of Texas; OR by an experienced psychometrist or technician who is directly supervised by a licensed psychologist in accordance with Texas Occupations Code, Title 3, Chapter 501, the Psychologists' Licensing Act.

This policy is not intended to address mental health evaluations for mental health issues, only for the purpose of evaluating a patient for a medical or surgical procedure, excluding surgery for epilepsy or Parkinson's Disease.

For this purpose, SWHP may consider up to **five hours** of psychological evaluation and testing for a specific medical procedure as medically necessary. This typically consists of one hour of psychiatric diagnostic interview (CPT 90801) and up to four hours of testing/scoring (see code list).

Testing and hours will be reviewed to ensure:

1. The number of hours or units requested for testing does not exceed the reasonable time necessary to address the clinical questions with the identified measures; and
2. The testing techniques are validated for the proposed diagnostic question or treatment plan; and



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3. The testing techniques do not represent redundant measurements of the same cognitive, behavioral or emotional domain; and
4. The testing techniques are both validated for the age and population of the member; and they are the most updated version of the instrument; and
5. The instruments selected have the empirically substantiated reliability, validity, standardized administration and clinically relevant normative data to assess the diagnostic question.

If any portion of the testing is done by computer or done by any personnel other than a licensed psychologist the billing for such testing must accurately reflect the administration procedures (e.g., 96146 Psychological or neuropsychological test administration ... via electronic platform).

Brief screening measures such as the Folstein Mini-Mental Status Exam or use of other mental status exams in isolation should not be reported separately as psychological or neuropsychological testing, since they are typically part of a more general clinical exam or interview.

NOTE: Medicaid plans do not cover CPT codes 96138 and 96139, psychological testing administered by a technician, as well as the CPT code 96146 which is psychological testing administered by computer/electronic format.

OVERVIEW: Patients must have the ability to understand and comply with the requirements of medical and surgical procedures. Certain procedures require more patient understanding, insight, and participation. Psychological clearance is sometimes sought prior to such procedures. Examples include (but are not limited to) placement of spinal cord stimulators, organ transplants and bariatric surgery.

MANDATES: None

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	<p>90801 Psychiatric diagnostic interview</p> <p>96130 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour</p> <p>96131 ... each additional hour (List separately in addition to code for primary procedure)</p> <p>96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities)</p> <p>96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes</p>
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	<p>96137 ... each additional 30 minutes (List separately in addition to code for primary procedure)</p> <p>96138 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes</p> <p>96139 ... each additional 30 minutes (List separately in addition to code for primary procedure)</p> <p>96146 Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only</p>
ICD10 codes:	<p>E66.01 - Morbid obesity</p> <p>E66.02 - Morbid obesity</p> <p>G89.2(xx), G90.9 - Chronic pain, CRPS</p> <p>G10, G14 - Systemic atrophies CNS related</p> <p>G20, G26 - EPS and movement disorders</p> <p>M96.1 - Postlaminectomy syndrome</p>

CMS: There is no applicable NCD. The topic is covered in LCD L35101 – PSYCHIATRIC CODES, Effective 04/04/2019.

POLICY HISTORY:

Status	Date	Action
New	08/01/2010	New policy
Reviewed	12/08/2011	Reviewed.
Reviewed	03/16/2012	Reviewed.
Reviewed	03/07/2013	Reviewed – no significant changes.
Reviewed	02/20/2014	Reviewed. ICD10 codes added.
Reviewed	03/05/2015	No changes
Reviewed	03/17/2016	Reviewed.
Reviewed	03/07/2017	Some updates and corrections to criteria
Reviewed	02/06/2018	No changes
Reviewed	06/27/2019	Updated codes
Reviewed	07/30/2020	Added language to include all LOBs

REFERENCES: The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence surrounding acupuncture with and without electrical stimulation and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

- 2004 World Institute of Pain, 1530-7085/04, Pain Practice, Volume 4, Issue 3, 2004, 204-221, The Psychological Assessment of Candidates for Spinal Cord Stimulation for Chronic Pain Management, Beltrutti, Diego, et. al.
- Doleys DM, Klapow JC, Hammer M. Psychological evaluation in spinal cord stimulation therapy. Pain Rev. 1997;4:189-207.
- Getto CJ, Heaton RK, Lehman RA. PSPI: a standardized approach to the evaluation of psychosocial factors in chronic pain. Adv. Pain Res. Ther., 1983, 5: 885-889.
- Hathaway SR, McKinley JC. The Minnesota Multiphasic Personality Inventory Manual. New York Psychological Corporation; 1951.



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5. Hathaway SR, McKinley JC, Butcher JN, et al. Minnesota Multiphasic Personality Inventory-2: Manual for administration. Minneapolis: University of Minnesota Press; 1989.
6. North RB, Kidd DH, Wimberly RL, Edwin D. Prognostic value of psychological testing in patients undergoing spinal cord stimulation: a prospective study. Neurosurgery. 1996;39:301–310.
7. Pfeil U, Hain U, Siebert W. Is a preoperative evaluation program in treatment of patients with chronic lumbar syndrome useful? Orthopade., 1997;26:528–534.