



## MEDICAL COVERAGE POLICY

**SERVICE:** Psychologic Evaluation for Medical Procedures

**Policy Number:** 137

**Effective Date:** 1/1/2024

**Last Review:** 11/29/2023

**Next Review:** 11/29/2024

**Important note:** Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

**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 NCD (National Coverage Determination) or LCD (Local Coverage Determination) [L35101 Psychiatric Codes](#). Medicare NCD or LCD specific InterQual criteria may be used when available. If there are no applicable NCD or LCD criteria, use the criteria set forth below.

**For Medicaid plans**, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, refer to InterQual. If there are no applicable criteria to guide medical necessity decision making in the TMPPM or InterQual, use the criteria set forth below.

**BSWHP may consider psychological evaluation and testing** medically necessary prior to certain medical and surgical procedures.

1. Members should meet the medical necessity criteria for the planned procedure PRIOR TO the psychological evaluation.
2. 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.

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, BSWHP may consider up to **five hours total** of psychological evaluation and testing for a specific medical procedure as medically necessary. This typically consists of one hour of psychiatric diagnostic interview (CPT 90791) and up to **four hours of testing/scoring** (see code list).

Testing and hours will be reviewed to ensure:



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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
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

**NOTE:** Testing by technician, or via computer/electronic format (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) are not covered as discussed above.

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.

### BACKGROUND:

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:** 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.



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|                       |   |
|-----------------------|---|
| CPT Codes             | <p>90791 Psychiatric diagnostic evaluation</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> <p>96137 ... each additional 30 minutes (List separately in addition to code for primary procedure)</p> |
| CPT codes NOT covered | <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 - Post laminectomy syndrome</p>   |

### 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  |
| Reviewed | 07/22/2021 | Added language regarding non-coverage of testing by technician or computer. |
| Update   | 08/26/2021 | Updated code 90801 (retired code) to 90791                                  |



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|----------|------------|---|
| Reviewed | 09/22/2022 | No changes  |
| Update   | 09/22/2023 | Minor edit to reflect previous CPT code change, formatting changes, added hyperlinks to NCD and TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes. |

### REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP 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 BSWHP 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.
- Hathaway SR, McKinley JC, Butcher JN, et al. Minnesota Multiphasic Personality Inventory-2: Manual for administration. Minneapolis: University of Minnesota Press; 1989.
- 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.
- 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.

#### Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA.