



Covered Benefit: Psychological Assessment Services

CMP Published: Yes No

CPG Published: Yes No

Definition: Psychological Assessment Services are outpatient services that involve a wide variety of psychological testing including, neuropsychological testing, standardized cognitive performance testing, developmental testing and assessment of speech and language skills.

Medical review and claims processing are determined by the diagnosis code(s) and type of provider (or supplier).

1. Psychological assessments for medical diagnosis codes are authorized by Neighborhood's Medical Management team.
2. Psychological assessments for behavioral health diagnosis codes are authorized by Neighborhood's behavioral health partner, Beacon Health Strategies @ www.beaconhealthstrategies.com
3. All services for mental/behavioral health diagnosis codes rendered by a mental/behavioral health practitioner/provider are processed and paid by Beacon Health Strategies.

Benefit Packages: RItE Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners (RHP) and Rhody Health Options Phase One.

Coverage Limitations: Medically necessary psychological assessments require prior authorization.

Exclusions:

Extended Family Planning (EFP) members have a restricted benefit package which does not include psychological assessment services.

Psychological assessments and testing for legal reasons, including determination of custody, guardianship, or competency for trial, are not covered.

Psychological assessments and testing for academic reasons, including IQ testing and diagnosing learning disabilities, are not covered.

Pediatric developmental testing and autism screening, per the Rhode Island Early Periodic Screening Diagnosis and Treatment (EPSDT) schedule is considered a primary care service rendered by a primary care practitioner, and not included below.



Coverage Includes:

- Psychological Testing Adult
- Psychological Testing Children

Episodes of care can occur in the following places of service and apply to the detailed benefit service categories below:

Office (POS 11)

Outpatient (POS 22)

Notes:

For the purposes of the Neighborhood claims system a child is defined as a member under the age of 19 years (or 0-18.99 years).

Neighborhood reserves CPT code 96110 for pediatric developmental testing and autism screening. Please see the Children's Care Benefit Coverage Summary for more information.

VERSION HISTORY:

Create Date: 07/08/10

Revision Dates: 11/04/10

PEC Revision: 10/3/13