


## BHS Policies and Procedures

 <p>City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES</p>	<p>1380 Howard Street, 5th Floor San Francisco, CA 94103 (415) 255-3400 FAX (415) 255-3567</p>
<p>POLICY/PROCEDURE REGARDING: <b>Psychological Assessment Services</b></p>	
<p>Issued By:</p> <p>Max Rocha, LCSW Director of Systems of Care</p> <p>Effective Date: December 19, 2022</p>	<p>DocuSigned by: <i>Maximilian Rocha</i> EB51A346C32641B...</p> <p>Manual Number: 3.03-20</p> <p>References: References: Behavioral Health Information Notice (BHIN) No: 21-073.</p>

### New Policy

**Equity Statement:** The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, clients, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, leads with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse clients. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our clients' needs and lived experiences.

**Purpose:** This policy guides the provision of comprehensive psychological assessment services throughout Behavioral Health Services (BHS). It is meant to provide broad guidance on medical necessity, documentation, and billing specialty mental health services (SMHS) for psychological assessment by BHS providers.

**Scope:** This policy applies to all civil service and contract BHS providers serving psychological assessment referrals.

**Background:** Psychological assessment is a sophisticated, integrative process. It utilizes multiple methods (e.g., clinical interviewing, records reviews, collateral interviewing, observations, standardized testing) to evaluate aspects of psychological functioning (e.g., socio-emotional, cognitive/intellectual, behavioral, neuropsychological). Psychological assessment is conducted by a qualified healthcare professional who is licensed at the doctoral level and possesses training and expertise in psychological assessment.

### Policy & Procedures:

#### 1) Utilization Guidelines.

### a) Clinically Appropriate Use of Services

Ensuring that clients have engaged appropriately with behavioral health and medical providers prior to referrals for psychological assessment helps to prevent unnecessary services and reduces the burden on clients. The following services may be sufficient to establish an accurate diagnosis and adequate services, accordingly:

- (1) Clients are preferably fully engaged with a behavioral health treatment provider who conducts a comprehensive clinical intake prior to a referral for psychological assessment services. Exceptions to this should be documented in the medical record.
- (2) Clients are preferably evaluated by a neurologist or qualified healthcare provider who evaluates the client's symptoms prior to a referral for neuropsychological assessment services. Exceptions to this should be documented in the medical record.

**Psychological assessment may be indicated as a clinically appropriate service when it is needed:** (1) to differentiate between disorders that present with similar or overlapping symptom profiles, (2) to identify factors impacting the client's ability to benefit from services, (3) to assess scope of functional impairment, (4) to measure risk of harm to self or others, and (5) to aid in the selection or prioritization of service planning when multiple needs or interventions are indicated.

**Psychological assessment may not be indicated as a clinically appropriate service when:** (1) the client is unable to safely and meaningfully participate in the assessment process (e.g., actively a danger to self/others, under the influence of substances), (2) the client would not reasonably be expected to benefit from services, (3) it is used as a routine screening process or in lieu of an intake process, (4) it is intended solely for purposes that do not inform service planning and management (e.g., client edification), (5) it does not attempt to integrate multiple sources of data, or (6) the referral would be appropriately served by a non-BHS provider (e.g., school district, regional center).

### b) Third-Party Referrals

Referrals made at the request of and for the purposes of a third party (e.g., forensic/the court) are acceptable provided they meet the standards for informing service planning and management **and** if the referred party meets criteria for psychological assessment services under Medi-Cal/Medicare. Providers must identify the third-party referrer and scope of assessment in medical records, as well as comply with appropriate ethical and legal practices while serving the referral. For clients referred directly to SF BHS, there may be limited circumstances when third party referrals or referrals funded outside of Medi-Cal/Medicare may be subject to alternative billing guidelines to meet the unique service needs of those referrals. These referrals must be approved by the relevant SOC Director.

### c) Timely Services

Completion times for psychological assessments are likely to vary substantially based on the scope and type of referral. Providers should attempt to complete services within 90 days of linkage or document the reason for the extended timeframe within the medical record. A referral may be closed if a client fails to adequately participate in services following documented attempts by the provider. Following the last service date, cases should be closed within 90 days for specialty mental health referrals or within 12 months for third-party referrals.

**2) Documentation Guidelines: Instructions to meet service documentation, medical records, and billing requirements.**

**a) Consent for Services/Release & Receipt of Information**

Providers must follow applicable ethical standards and legal guidance on securing consent for services, releases of information for data, and for storing or releasing information generated during psychological assessment, including the final report.

**b) Service Documentation: Stand Alone Psychological Assessment vs. Psychological Assessment in Addition to Other Services**

When a Psychological assessment is conducted as a standalone service without the addition of other specialty mental health services (e.g., case management, individual therapy, etc.) programs are not required to complete CANS/ANSA/Specialty Mental Health Assessment administration, PSC-35 administration, or diagnosis. However, programs providing a client with psychological assessment services in addition to other services, either concurrent to or subsequent to psychological assessment services, must adhere to service and documentation requirements within the timeframes specified by BHS.

**c) Medical Records**

The client's medical record should document the (1) scope of assessment, (2) procedures and data sources, and (3) diagnostic results and recommendations. Psychological assessment services are expected to lead to a final report made available to the client and/or third-party referral source.

**d) Billing Codes**

Providers retain responsibility for following updated billing guidance as it comes into effect. Current psychological and neuropsychological testing CPT codes went into effect on January 1, 2019 and are required for billing and documentation of psychological assessment services. Please refer to Enclosure 1 for additional information on CPT billing codes.

Additional information on psychological assessment services can be found through the following references:

[APA Guidelines for Psychological Assessment and Evaluation](#)  
[Psychological and Neuropsychological Testing Codes for Psychologists](#)

**Attachments:**

Enclosure 1: SF BHS Guidance on CPT Billing Codes

**Contact Person:**

Director of Systems of Care

**Distribution:**

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### Enclosure 1: Guidance on CPT Billing Codes

The following information provides an overview of the CPT codes that may be used for psychological assessment services.

Source: <https://www.dhcs.ca.gov/provgovpart/Documents/Billing-Manual-v-1-1-June-2022.pdf>

1. Psychological (96130 (first hour)/96131 (subsequent hours)) or Neuropsychological (96132 (first hour)/96133 (subsequent hours)) testing evaluation services by a 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.
  - a) Neuropsychological testing evaluation services (96132/96133) should only be billed when it is the predominant service being offered for the full scope of the referral; otherwise, psychological testing evaluation services (96130/96131) is the appropriate billing code even when neuropsychological tests are administered. Neuropsychological and psychological testing evaluation services should not be billed together.
  - b) When properly documented and authorized, feedback provided to a client's service team, legally authorized representative, or other persons responsible for the services and welfare of the client may be billed under 96130/96131 or 96132/96133.
  - c) Must code 96130 before coding 96131 for Psychological Testing Evaluation.
  - d) Must code 96132 before coding 96133 for Neuropsychological Testing Evaluation.
2. Psychological or neuropsychological test administration and scoring (96136 (first 30-minute increment)/96137 (subsequent 30-minute increments)) by a qualified health care professional, two or more tests, any method.
  - a) Justification for test administration and scoring in excess of 8 hours should be documented in the medical record to support services.
  - b) Must code 96136 before coding 96137.
3. Client and collateral interviews may be billed under 96130/96131 or 96132/96133.
4. Psychology interns and trainees cannot bill psychological or neuropsychological testing codes but may bill for a generic assessment (ASMT or 90791) with LHPA co-signature.
5. Most Location of Service codes are permissible. Psychological and neuropsychological testing services may not be provided during inpatient hospitalizations. For CYF providers please see Memo: New and Replacement Lockout Codes (September 2, 2019) for further details on service and location lockouts.
6. Lockouts are codes that cannot be billed together. Sometimes lockouts can be overridden with an appropriate modifier. Lockouts that can be overridden are indicated with either one or two asterisks in the lockout column in services tables 1-10 in the *DHCS Specialty Mental Health Services Billing Manual*, April 2022.

7. **Minimum and Maximum Units that can be Billed:** All codes will be billed in units. Most CPT codes that are listed in the *DHCS Specialty Mental Health Services Billing Manual*, April 2022 have a time or time range associated with them. When a code does not have a time or time range associated with it, DHCS assigned a time of 15 minutes to that code. A unit of service is attained when a mid-point is passed. For example, CPT code 96130 (psychological testing evaluation services, first 60 minutes) can be claimed when 31 minutes of direct service have been provided. Thirty-one minutes is more than mid-way between zero and 60 minutes. Please note, procedures should be billed at the number of units that correspond to the number of minutes of direct service provided to the patient. Procedure codes can only be claimed in whole units; fractional units will be denied. Please refer to the *DHCS Specialty Mental Health Services Billing Manual*, April 2022. The following maximum units can be billed for the relevant psychological or neuropsychological testing codes:

Service	CPT Code	Maximum Units that Can be Billed
Psychological Testing Evaluation, First Hour	96130	1
Psychological Testing Evaluation, Each Additional Hour	96131	22
Neuropsychological Testing Evaluation, First Hour	96132	1
Neuropsychological Testing Evaluation, Each Additional Hour	96133	22
Psychological or Neuropsychological Test Administration, First 30 Minutes	96136	1
Psychological or Neuropsychological Test Administration, Each Additional 30 Minutes	96137	45