JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans **Provider Relations and Network Innovation Reimbursement Policy**	*Policy Number*	RPC.039
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	Subject **Priority Partners (PPMCO) Psychological Testing and Evaluation Services**	*Supersedes Date*	N/A
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		Page	1 of 6

This document applies to the following Participating Organizations:

Priority Partners

Keywords: PPMCO, Psychological Testing, Testing and Evaluation

Table of Contents		Page Number
I.	ABOUT OUR REIMBURSEMENT POLICIES	1
II.	PURPOSE	2
III.	POLICY STATEMENT	2
IV.	GENERAL BILLING GUIDELINES and PAYMENT METHODOLOGY	2
V.	CODES, TERMS and DEFINITIONS	3
VI.	REFERENCES	5
VII.	APPROVALS	6

I. ABOUT OUR REIMBURSEMENT POLICIES

The most current version of the reimbursement policies can be found on www.hopkinsmedicine.org.

Johns Hopkins Health Plan LLC (JHHP) reimbursement policies serve as a guide to assist in accurate claim submissions and outline the basis for reimbursement of services covered by a member's JHHP benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a guarantee that you will be reimbursed. Services must meet prior authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Providers are expected to and must follow proper billing and submission guidelines. Providers are required to use industry standard, compliant codes on all claim submissions. Services must be billed with valid ICD-10 diagnosis codes, Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes, place of service (POS) codes, and/or revenue codes as defined by the Centers for Medicare & Medicaid Services (CMS) and in the American Medical Association's (AMA's) "CPT Manual". The codes billed should denote the services and/or procedures performed.

The codes billed should denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the patient's medical record and/or office notes and JHHP reserves the right to request the records. Issues related to inconsistent, missing, conflicting, or unclear documentation must be resolved by the provider submitting the claim. If a corrected claim is filed, it must comply with timely filing to be reprocessed through the claims system. Corrected claims are for administrative errors on the claim (i.e., misspelled name, CPT/HCPCS code transposed, wrong DOB, missing modifier, etc.). Intentionally changing the CPT/HCPCS or diagnosis code in order to get the claim paid, after the billed service was denied, is not a correction. The medical records must match the services billed. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

JHHP policies apply to all providers (e.g., practitioners, hospitals, suppliers, non-physician providers, etc.) eligible to bill the relevant HCPCS/CPT codes pursuant to applicable portions of the Social Security Act (SSA) of 1965, the Code of Federal Regulations (CFR), and Medicare rules. JHHP reimbursement policies are developed based on nationally accepted industry standards, coding principles, and follows the CMS guidelines, and the CMS developed National Correct Coding Initiative (NCCI) program to prevent inappropriate payment of services that should not be reported together. These policies may be superseded by regulatory mandates in provider or state contracts, or state, federal or CMS contracts and/or requirements. If appropriate, when coding/billing guidelines or current reimbursement policies are not followed, JHHP may:

- Reject or deny the claim
- Recover and/or recoup claim payment

JHHP reserves the right to modify policies at any time and publish new versions when necessary. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHP strives to minimize these modifications. When there is an update, policies will be published on our website.

II. PURPOSE

To provide basic billing and reimbursement guidance for psychological testing and evaluation services rendered to Priority Partner members for covered services, that JHHP is responsible for per Maryland Department of Health (MDH). Each line of business possesses its own unique contract and guidelines for benefit and payment purposes. As such, there could be various factors that may impact reimbursement, including but not limited to legislative mandates, provider contracts, and/or the member's benefit coverage, including provisions addressing services rendered by non-participating providers, which may supplement, modify, or supersede this policy.

III. POLICY STATEMENT

This reimbursement policy applies only to Priority Partner claims, for psychological testing and evaluation services reported on a CMS-1500 claim form or its electronic equivalent, by network and non-network providers in the state where services are rendered. Providers are responsible for verifying the individual member's contract for specific plan benefits and to obtain a prior authorization/reauthorization before an item, procedure or service is rendered, if required.

IV. GENERAL BILLING GUIDELINES and PAYMENT METHODOLOGY

1. JHHP will reimburse psychological testing and evaluation services in alignment with the authoritative guidance found in the MDH provider manual and MDH transmittals.

    - Please consult the most recent publications to obtain specific information on billing, reimbursement, benefits, and coverage for the services not listed in this policy
2. The services that are applicable to this policy are CPT 96130-96133 and 96136-96139.
3. COMAR regulations (10.67.04.08C) require that Priority Partners are responsible for reimbursement of psychological testing when the following conditions are met:

    i. The primary diagnosis is not a carved out behavioral health diagnosis in COMAR 10.67.08.02; or
    ii. When the participant is referred to testing prior to a medical or surgical procedure, regardless of diagnosis.
    iii. Prior authorization requirements will be determined by JHHP. Authorization is not a guarantee of payment.
4. Prior Authorization and Utilization Management departments are responsible for determining medical necessity criteria, as covered psychological testing is dependent upon the primary diagnosis.
5. Authorized providers who submit claims for covered psychological testing and evaluation services, which Priority Partners is responsible for, must report the appropriate ICD-CM and CPT/HCPCS codes, modifiers, and place of service (POS) code, in alignment with COMAR rules and regulations, or the service(s) will be denied.
6. For approved providers of mental or behavioral health services, the state licensure or authorization must specify the qualified provider's scope of practice.
7. In alignment with CMS and the National Center for Health Statistics (NCHS), JHHP follows guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).

    - Only certain Z codes may be used as first-listed or principal diagnosis. A corresponding procedure code must accompany a Z code to describe any procedure/service performed.

8. Consistent with MDH guidance, JHHP will not reimburse claims submitted by individual providers, provider groups or facilities, who are unregistered or inactive in ePREP, Maryland's provider enrollment portal.
9. JHHP plans may conduct medical record documentation reviews on a randomly selected sample of primary care practitioners or providers who deliver services outside their regular scope of practice or assigned specialty.
10. Refer to the JHHP resources and guidelines for all of our health plans for additional information for Medical Record Standards Documentation.

V. CODES, TERMS and DEFINITIONS

Definition of Terms

Term	Definition
Child and Adolescent Psychiatrists	Child and adolescent psychiatrists are licensed medical doctors (MD or DO) who specialize in the evaluation, diagnosis, and treatment of mental disorders in children and adolescents. Their medical and psychiatric training with children and adolescents prepares them to treat children and adolescents either individually, as part of and involving the family unit, and/or in a group setting. Child and adolescent psychiatrists can prescribe medicine, if needed.
Clinical Staff Member	The person (e.g., nurse, phlebotomist, or other health professional) who works under the supervision of a physician or other qualified health care professional, and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specific professional service, but does not individually report that professional service.
CMS-1500/Professional Claim	The CMS-1500 Form is the prescribed form for claims prepared and submitted by physicians or suppliers, whether or not the claims are assigned. Professional claim means any claim submitted using the HIPAA mandated transaction ASC X12 837 professional claim or the CMS-1500 paper claim form.

Psychiatric-Mental Health Advanced Practice Registered Nurses (APRN) or Advanced Practice Psychiatric Nurse (APRN)	Psychiatric-Mental Health Advanced Practice Registered Nurses (APRN) are masters- or doctoral-level prepared psychiatric nurses, specializing in mental health nursing. These nurses may be clinical specialists (CNS) or nurse practitioners (NP). They specialize in the evaluation, diagnosis, and treatment of mental health disorders of all ages. They are educated and licensed to treat adults and some also treat children individually, as a family, and also as a group, by conducting therapy or prescribing medicines, if needed, and managing the use of these medicines.
Physician or Other Qualified Healthcare Provider	A Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
Psychiatrist	For the purpose of this policy, psychiatrists are licensed medical doctors (MD or DO) who specialize in the evaluation, diagnosis, and treatment of mental disorders. Their medical and psychiatric training prepares them to treat adults and children either individually, as part of and involving the family unit, and/or in a group setting. Psychiatrists can prescribe medicine, if needed.
Psychologist	Psychologists are licensed mental health professionals (PhD or PsyD) who specialize in the evaluation, diagnosis, and treatment of mental disorders. Training prepares clinical psychologists to treat adults and children either individually, as part of and involving the family unit, and/or in a group setting. Psychologists also conduct cognitive, academic, and personality testing.
Same Group Physician and/or Other Qualified Health Care Professional	All physicians and/or other qualified health care professionals of the same group who report with the same Federal Tax Identification Number (TIN). Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.

CPT Codes For Psychological Testing and Evaluation Services

CPT Code	Definition

96130	Psychological testing evaluation services by physician or other qualified professional…treatment planning and report and interactive feedback to the patient, family members, caregivers for the first hour.
96131	Psychological testing, evaluation and feedback by a physician or other qualified professional, each additional hour.
96132	Neuropsychological testing evaluation services by a physician or other qualified professional, treatment planning and report and interactive feedback to the patient, family members, caregivers for the first hour.
96133	Psychological or neuropsychological test administration and scoring by a professional, each additional 30 minutes.
96136	Psychological or neuropsychological test administration and scoring by a physician or other qualified professional, for the first 30 minutes.
96137	Psychological or neuropsychological test administration and scoring by a physician or other qualified professional, each additional 30 minutes.
96138	Psychological or neuropsychological test administration and scoring by a technician, for the first 30 minutes.
96139	Psychological or neuropsychological test administration and scoring by a technician, each additional 30 minutes.

VI. REFERENCES

This policy has been developed through consideration of the following:

- CMS Regulations & Guidance
- Comprehensive Psychiatric Evaluation | Johns Hopkins Medicine
- CPT® Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association
- ICD-10-CM Official Guidelines for Coding and Reporting
- JHHP E&M Resources
- Maryland Dept. of Health- Provider Information
- Maryland Medicaid Professional Services Provider Manual
- Maryland Medicaid Provider Program Resources and Fee Schedules
- MDH Transmittal PT 27-24 Clarification on Payment Responsibility for Psychological Testing for Medical and Behavioral Health Services
- Medicare Claims Processing Manual CH. 26- Completing and Processing Form CMS-1500 Data Set

VII. APPROVALS

Date	Review/Revision	Reason for Modification	Approved By
7/16/2024	New Policy	N/A	Reimbursement, Authorization and Coding Committee (RAC)