



Clinical Decision Guidelines

Psychological Testing Medicaid Clinical Coverage Policy 8C Service Codes: 96101; 96110; 96111; 96116; 96118; 96125 Eligibility Criteria		
Met	Not Met	
		All of the following criteria must be met:
<input type="checkbox"/>	<input type="checkbox"/>	A. A Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Text Revision (DSM-IV-TR) (or its successors) Axis I or II diagnosis or suspicion of a diagnosis for which testing is being requested, AND
<input type="checkbox"/>	<input type="checkbox"/>	B. The member presents with behavioral, psychological, or biological dysfunction and functional impairment, which are consistent and associated with DSM-IV-TR (or its successors) Axis I or II diagnosis, AND
<input type="checkbox"/>	<input type="checkbox"/>	C. The member is capable of responding and engaging in psychological testing, AND
<input type="checkbox"/>	<input type="checkbox"/>	D. There is no evidence to support that alternative tests would be more effective, based on North Carolina community practice standards (e.g. American Psychological Association).

Clinical Review:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Send to peer review
Reviewer Name, Credentials:	Date:
Clinical Justification/Reason for Peer Clinical Review:	
Medicaid:	
Based on clinical review, member meets [Entrance/Continued Stay] Criteria for [SERVICE], outlined in Clinical Coverage Policy [CCP#], as evidenced by: [CLINICAL RATIONAL]. Authorized from [Date Range]. Authorization is not a guarantee of payment. Claims payment is dependent upon member funding eligibility during authorization period and contract of the service provider.	



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State:

Based on clinical review, member meets [Entrance/Continued] stay criteria as outlined in NC MHDDSAS State-Funded Enhanced Services for [SERVICE], as evidenced by [CLINICAL RATIONALE]. Authorized from [Date Range]. Authorization is not a guarantee of payment. Claims payment is dependent upon member funding eligibility during authorization period and contract of the service provider. There is evidence to support the member meets the eligibility criteria of the Benefit Plan identified: [Click or tap here to enter text.](#)

Medicaid and NCHC shall not cover Psychological Testing for the following:

- For the purpose of educational testing
- If requested by the school or legal system, unless medical necessity exists for psychological testing
- If the proposed psychological testing measure have no standardized norms or documented validity
- If the service is not provided face-to-face (Note: Services provided according to guidelines of Clinical Coverage Policy 1H-Telemedicine and Telepsychiatry are considered face-to-face services.)
- If the focus of assessment is not the symptoms of the DSM-IV-TR (or its successors) diagnosis
- When the requirements and limitations in Section 5.0 are not followed