

PSYCHOLOGICAL TESTING

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I. CPT¹ PROCEDURE CODE

96100

II. DESCRIPTION

Psychological testing, with written report, per hour (assessment)

III. POLICY

Psychological testing and assessment is a covered benefit when medically or psychologically necessary and is provided in conjunction with otherwise covered psychotherapy. Testing and assessment is generally limited to six (6) hours in a fiscal year.

IV. EXCLUSIONS

A. Payment is specifically excluded for the Reitan-Indiana battery when administered to a patient under age five and for self-administered tests to patients under age 13.

B. Psychological testing and assessment as part of an assessment for academic placement. This exclusion encompasses all psychological testing related to educational programs, issues or deficiencies. Testing to determine whether a beneficiary has a learning disability if the primary or sole basis for the testing is to assess for a learning disability.

C. Psychological testing related to child custody disputes or job placement.

D. Psychological testing done for general screening (in the absence of specific symptoms of a covered mental disorder) to determine if individuals being tested are suffering from a mental disorder.

E. Teacher and parental referrals for psychological testing.

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 7, SECTION 3.12

PSYCHOLOGICAL TESTING

F. Testing related to diagnosed specific learning disorders or learning disabilities is excluded (encompasses reading disorder (also called dyslexia), mathematics disorder, disorder of written expression and learning disorder not otherwise specified).

G. Testing for a patient in a residential treatment center or partial hospitalization program is included in the per diem rate and can not be separately reimbursed. Also, payment billed by an individual professional provider not employed by or under contract with the residential treatment center or partial hospitalization program is included in the per diem rate.

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