



To: All Providers and Stakeholders  
From: Cham Trowell, UM Director  
Date: Friday, January 25, 2019  
Subject: Psychological Testing codes

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This communication is to address questions we have received about changes in Current Procedural Terminology (CPT) codes for psychological testing. We are hopeful that by sharing this information we can ease frustration for our valued stakeholders and providers.

First, please know we cover only benefits designated by Medicaid for behavioral health care needs unless Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) criteria is met. Benefit codes do change at times and we are notified of changes through NC Division of Health Benefits (DHB) in Communication Bulletins. The January Medicaid bulletin addressing psychological testing codes was published on January 10, 2019 with an effective date of January 1, 2019. The bulletin included the new codes and the expired codes. At that time, no crosswalk of codes or rates were published.

The American Psychological Association (APA) published a crosswalk of psychological testing codes in late fall 2018. However, not all codes listed in the APA crosswalk are covered in the January 10, 2019 Medicaid Bulletin. We were informed verbally at a DHB meeting on January 22, 2019 there may be errors in the January 10 bulletin and several psychological testing codes were not listed. These codes have been identified and should be available in NC Tracks at this time. We were also told to use the APA crosswalk as guidance. The link will be included at the end of this communication.

At this time, there is no written communication in clinical coverage policy about the crosswalk of codes, limits or technician's role, and the rates are not finalized.

We apologize for any confusion. Unfortunately, LME-MCOs must wait on DHB for guidance on codes, rates, and cross-walking of old codes to new codes, along with updates to clinical coverage policies.

Again, please know we value our providers who offer this much needed service. We will do our best to ensure your costs are covered for the testing and associated activities you have provided which meet medical necessity.

Please note Trillium's benefit plan will continue to allow for no prior authorization for the first nine hours of testing. Any additional service hours needed to complete testing on a member will need to be submitted for prior authorization.

Questions may be sent to [UM@TrilliumNC.org](mailto:UM@TrilliumNC.org)

Link to APA website for crosswalk

[https://www.apaservices.org/search?query=crosswalk of testing codes](https://www.apaservices.org/search?query=crosswalk%20of%20testing%20codes)

cc: Cindy Ehlers, Clinical Director