

130 CMR: DIVISION OF MEDICAL ASSISTANCE

130 CMR 411.000: MEDICAL ASSISTANCE PROGRAM: PSYCHOLOGIST SERVICES

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411.401: Introduction

All psychologists participating in MassHealth must comply with the regulations of the Division governing MassHealth, including but not limited to Division regulations set forth in 130 CMR 411.000 and 450.000. The Division pays psychologists for psychological testing only.

411.402: Definitions

The following terms used in 130 CMR 411.000 have the meanings given in 130 CMR 411.402, unless the context clearly requires a different meaning.

Diagnostic Service -- the examination and determination by interview techniques of a member's physical, psychological, social, economic, educational, and vocational capabilities and disabilities for the purposes of developing a diagnostic formulation and designing a treatment plan.

Psychological Testing -- the use of standardized test instruments to evaluate aspects of a member's functioning, including aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology.

Treatment Service -- a service related to diminishing the distress and symptoms of mental and emotional disorders, and including, but not limited to, chemotherapy and individual, couple, family, and group psychotherapy.

411.403: Eligible Members

- (A) (1) MassHealth Members. The Division covers psychologist services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in 130 CMR 411.000 and 130 CMR 450.000. The Division's regulations at 130 CMR 450.105 specifically state, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.
- (2) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children (EAEDC) Program, *see* 130 CMR 450.106.
- (B) For information on verifying member eligibility and coverage type, *see* 130 CMR 450.107.
- (C) *See* 130 CMR 450.124 for limitations on mental health and substance abuse services provided to members enrolled with a MassHealth managed care provider.

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411.404: Provider Eligibility

Payment for the services described in 130 CMR 411.000 is made only to providers who are participating in MassHealth as of the date of service. The eligibility requirements are as follows.

- (A) In State. A psychologist is eligible to participate in MassHealth only if the psychologist is licensed to practice by the Massachusetts Board of Registration of Psychologists, with a specialization listed in clinical or counseling psychology or a closely related specialty, and is a Medicare provider.
- (B) Out of State. A psychologist located outside of Massachusetts is eligible to participate in MassHealth only if the psychologist is licensed to practice by his or her state's appropriate board of registration, and is a Medicare provider.

411.405: Payable Services

- (A) The Division pays for psychological testing personally provided by a licensed psychologist, subject to the restrictions and limitations in 130 CMR 411.000.
- (B) The psychologist may provide psychological testing services in any suitable location, such as the psychologist's office, the member's place of residence, or other facility.

411.406: Nonpayable Services

The Division does not pay a psychologist for diagnostic (other than by testing) or treatment services, including services the psychologist performs when working under the supervision of a psychiatrist or when responding to a referral from a psychiatrist.

411.407: Nonpayable Circumstances

The Division does not pay a psychologist for services provided under any of the following circumstances.

- (A) The psychologist provided the service in a facility approved by MassHealth and is paid by the facility to provide that service, whether or not the cost of the service is included in the Division's rate of payment for that facility.
- (B) The psychologist provided the service in a facility that is organized to provide primarily nonmedical services and is paid by the facility to provide the service.
- (C) The psychologist has received payment for services for which the psychologist has already received payment from the Commonwealth, county, or municipality.
- (D) Under comparable circumstances, the psychologist does not customarily bill patients who do not have health insurance.

411.408: Maximum Allowable Fees

The Massachusetts Division of Health Care Finance and Policy determines the maximum allowable fees for psychological testing. The fees include payment for the complete cost of interviewing and testing the member, scoring the test, interpreting the results, and writing the report. Payment is always subject to the conditions, exclusions, and limitations set forth in 130 CMR 411.000 and 450.000. Payment for a service is made at the lower of the following:

- (A) the psychologist's usual and customary charge to the general public for the same or similar service;
or
- (B) the maximum allowable fee listed in the applicable Division of Health Care Finance and Policy fee schedule.

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411.410: Referral

The Division pays a psychologist for psychological testing only if an agency or individual responsible for providing services to the member requests them, or if a physician or community health center requests them for the purposes of determining or redetermining eligibility for the EAEDC Program pursuant to 130 CMR 450.106. This ensures that the service is provided within the context of an overall service plan. Such agencies or individuals may include physicians, psychologists, other psychotherapists, clinics, day habilitation centers, intermediate care facilities for the mentally retarded, hospitals, schools, courts, group homes, or state agencies. The Division may deny or recover payment if the psychologist fails to provide to the Division, when requested, documented evidence that psychological testing was requested and actually provided.

411.412: Procedures for Psychological Testing

As a prerequisite to payment, the psychologist must:

- (A) interact directly with the member during testing, with the exception noted in 130 CMR 411.414(G);
- (B) personally administer and score the test, with the exception noted in 130 CMR 411.414(G);
- (C) personally evaluate the responses to the test;
- (D) write a report of the evaluation results in a manner that communicates useful information to the individual or agency requesting such testing; and
- (E) forward a copy of the comprehensive report to the referring individual or agency without additional charge to the Division, requesting individual or agency, or member.

411.413: Record Keeping Requirements

- (A) Payment for any service listed in 130 CMR 411.000 is conditioned upon its full and complete documentation in the member's medical record. The psychologist must maintain a record (chart or folder) of all psychology services provided to a member for a period of at least six years following the date of service. The record must be identified by the name of the member and the date or dates of testing. The record must contain the following information:
 - (1) the referral source;
 - (2) the reason for the referral;
 - (3) for a personality evaluation or an assessment of organic mental disorders, a brief description of behavioral observations, and any other personal information elicited during testing;
 - (4) the protocol of responses to the tests used;
 - (5) a summary of scores; and
 - (6) a comprehensive written report describing the psychological evaluation and interpretation of responses.
- (B) Release of information in the record is limited to the following:
 - (1) those instances required by federal or state statute or regulation in accordance with the confidentiality provisions of the profession; and
 - (2) qualified personnel or consultants of the Division or the U.S. Department of Health and Human Services for the purpose of monitoring the provision of services in accordance with 130 CMR 411.000.

411.414: Service Limitations

- (A) Frequency of Psychological Testing. The Division does not pay for a psychological test if the psychologist has provided that test to the member within the preceding six months, unless the psychologist attaches a report to the claim documenting the presence of one of the conditions listed below. In the cases of 130 CMR 411.414(A)(1) or (2), the Division pays for only one repetition of the same test in a six-month period.

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- (1) The purpose of testing is to ascertain changes in the member following such special forms of treatment or intervention as electroconvulsive therapy or psychiatric hospitalization. Testing on a regular basis (for example, once monthly) to measure response to psychotherapy is not payable.
- (2) The purpose of testing is to ascertain changes relating to suicidal, homicidal, toxic, traumatic, or neurological conditions.

(B) Selection of Psychological Tests. The psychologist must determine the specific tests to administer, provided that the selection reflects a scope and intensity consistent with the requirements in 130 CMR 411.414(B)(1) and (2) and in 130 CMR 411.414(C) through (G).

- (1) The tests must be published, valid, and in general use, as defined by listing in the *Mental Measurement Yearbook*, edited by Oscar Krisen Buros, or by conformity to the Standards for Educational and Psychological Tests of the American Psychological Association.
- (2) The Division does not pay a psychologist for self-rating forms and other paper-and-pencil instruments, unless they are administered as part of a comprehensive battery of tests. Only the self-rating forms listed in 130 CMR 411.414(C) through (G) are payable for purposes of evaluation.

(C) Intelligence Testing Only. Unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges, intelligence testing must include either a full Wechsler or Stanford-Binet scale. Group forms of intelligence tests are not payable.

(D) Personality Evaluation Only. A personality evaluation must consist of a battery of techniques in order to yield an adequate assessment of personality. Unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges a record for a personality evaluation must contain the findings of at least two of the following types of tests or their age-appropriate equivalents: Rorschach, TAT (Thematic Apperception Test), TED (Tasks of Emotional Development), or MMPI (Minnesota Multiphasic Personality Inventory); and one or more of the following types of tests or their equivalents: figure drawing, Bender Gestalt, or word association.

(E) Intellectual and Personality Evaluation. An intellectual and personality evaluation must consist of a battery of procedures selected in accordance with the requirements in 130 CMR 411.414(B) through (D).

- (1) The Division does not pay a psychologist for a comprehensive intellectual and personality evaluation if the psychologist has provided intelligence testing only or a personality evaluation only to the member within the preceding six months.
- (2) The Division does not pay a psychologist for intelligence testing only or a personality evaluation only if the same psychologist has provided a comprehensive intellectual and personality evaluation to the member within the preceding six months.
- (3) The Division will waive the restrictions in 130 CMR 411.414(E)(1) and (2) if the psychologist attaches a report to the claim documenting the presence of one of the conditions described in 130 CMR 411.414(A)(1) or (2).

(F) Assessment of Brain Damage. Assessment of brain damage must consist of a battery of procedures in order to determine if a member is organically impaired. Unless clinically contraindicated due to hearing, physical, or visual impairment or linguistic challenges a record for assessment of brain damage must contain the findings of a Wechsler Intelligence Scale and tests of recent memory, visual-space perception, and other functions commonly associated with brain damage.

(G) Neuropsychological Examination. Payment for the use of the Halstead-Reitan or Luria-Nebraska battery must be claimed under the service code for a neuropsychological examination if the battery is administered as the primary procedure to assess the presence of brain damage.

- (1) The psychologist must submit a written report with the claim. This report must be sufficiently detailed to enable the Division to assess the extent and nature of the psychological test.

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- (2) The psychologist is eligible to receive payment for the neuropsychological examination when a technician administers and scores it only if:
 - (a) the technician is trained to perform the tests;
 - (b) the psychologist selects the specific tests to be included in the battery;
 - (c) the technician performs the tests under the direct, personal, and continuous supervision of the psychologist who must assume professional responsibility for the tests provided; and
 - (d) the psychologist personally interprets the tests and writes the evaluation report.
- (3) The psychologist must claim an assessment of brain damage as a separate psychological testing service when it is administered as part of the preliminary screening for a neuropsychological examination.

REGULATORY AUTHORITY

130 CMR 411.000: M.G.L. c. 118E, §§ 7 and 12.

NON-TEXT PAGE