



## **DEPARTMENT OF REHABILITATION PROVIDER REFERENCE GUIDE FOR PSYCHOLOGICAL EVALUATIONS AND SERVICES**

### **Introduction**

The Department of Rehabilitation (DOR) is the state department charged with the vocational rehabilitation of adults and transitioning high school students with significant disabilities (collectively known as consumers). The DOR's mission is to assist consumers to achieve their employment goals, maintain successful employment, and live independently. Assisting consumers to reach these goals may include purchasing psychological evaluations or services. The DOR highly values and appreciates all of the health care providers on the panel.

### **The DOR's payment rates**

Most of the DOR payment rates are comparable to the Medi-Cal rate schedules. However, the DOR may also purchase additional services not covered by Medi-Cal in order to meet a DOR consumer's vocational rehabilitation needs.

### **Prompt Payment Commitment**

The DOR follows the California Prompt Payment Act, which requires state agencies to make payments not more than 45 days after the receipt of a properly submitted and undisputed invoice.

### **Evaluation**

The licensed psychologist performs an evaluation for the consumer and writes a report documenting the results and any specific recommendations regarding the vocational plan and goal.

After the evaluation, the provider submits the results of the evaluation and the signed Authorization and Invoice for Medical Services (DR 297C) to DOR within 10 days from the date the evaluation was completed.

See step-by-step table for specific instructions on where and how to send documents.

### **Authorization**

If psychotherapy sessions related to the vocational goal are necessary, the DOR will review and determine the appropriateness of services in alignment with the consumer's employment goal and plan. If the DOR decides to proceed with purchasing psychotherapy or counseling for the consumer, the DOR will send the provider an Authorization and Invoice for Medical Services (DR 297C) for one to six sessions maximum.

No services may be provided or paid for without a DOR authorization document. Only those services authorized, in advance, on the Authorization and Invoice for Medical Services (DR 297C) will be honored at the time of invoice.

### **Services**

The psychologist, Marriage and Family Therapist, or Licensed Clinical Social Worker will provide psychotherapy or counseling services for the consumer and complete a report(s) documenting the session(s).

The provider will submit the report(s) documenting the session(s) along with the signed Authorization and Invoice for Medical Services (DR 297C) to DOR.

### **Billing the DOR for Psychological Evaluations or Services**

It is a state policy that if the consumer/patient has Medi-Cal or other private insurance, the provider will invoice these benefits first. Whatever is not covered by the comparable benefits can then be invoiced to DOR. Each provider must attach the evidence of benefit (EOB) or denial. Medicare or Medi-Cal non-covered services do not require EOB or denial documentation. See step-by-step table for specific invoicing instructions.

When billing the DOR for evaluations, include the documents listed above in the Evaluation section of this document. Also, note the following:

- The DOR is required to verify with the consumer that services were received prior to paying the invoice.
- Providers are paid at the rates listed in this document in the section entitled "The DOR's Payment Rates."
- Attach any comparable benefits documentation when billing the DOR.

DOR invoicing guidelines can be found online at this website: <https://www.dor.ca.gov/Home/InvoicingGuidelines>. Along with general information for all vendors, the website includes a link to more specific information for health care providers.

### **Step-by-Step In-Depth Guide**

This section provides a description of each step in the psychological evaluation and service process. See the sections above for more detailed information on policies, processes, and documentation.

<b>Step</b>	<b>Purchase Phase</b>	<b>Action</b>	<b>Standard Actor</b>
1	Authorization	<p>Issue authorization for psychological evaluations or services.</p> <p>For evaluation attach the DR 246 - Referral for Psychological Testing.</p> <p>Commonly used psychological evaluations or services procedure codes:</p> <p>Psychological:</p> <ul style="list-style-type: none"> <li>• 96101 - Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS) per hour of psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.</li> </ul> <p>Neuropsychological:</p> <ul style="list-style-type: none"> <li>• 96116 - Neurobehavioral status exam - Clinical assessment of thinking, reasoning and judgment (e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities); per hour of the psychologist's or physician's time; both face-to-face time with the patient and time interpreting test results and preparing the report.</li> <li>• 96118 - Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery,</li> </ul>	DOR Office

Step	Purchase Phase	Action	Standard Actor
		<p>Wechsler Memory Scales and Wisconsin Card Sorting Test); per hour of the psychologist's or physician's time; both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.</p> <ul style="list-style-type: none"> <li>96119 - Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test); with qualified health care professional interpretation and report; administered by technician; per hour of technician time; face-to-face.</li> <li>96120 - Neuropsychological testing (e.g., Wisconsin Card Sorting Test); administered by a computer; with qualified health care professional interpretation and report.</li> </ul> <p>Psychotherapy/ counseling: Procedure codes 90804 - 90829</p>	
2	Evaluation / Service	<p>Perform evaluation or service for consumer.</p> <p>Evaluation:</p> <ul style="list-style-type: none"> <li>Complete the evaluation for the consumer and submit a report documenting the results. Submit the completed report and the signed Authorization and Invoice for Medical Services (DR 297C) to DOR field address.</li> </ul> <p>Service:</p> <ul style="list-style-type: none"> <li>Provide psychotherapy or counseling services for the consumer and complete a report(s) documenting the session(s).</li> <li>Submit the completed report(s) and the signed Authorization and Invoice for Medical Services (DR 297C) to DOR field address.</li> </ul>	Provider
3	Invoicing	<ul style="list-style-type: none"> <li>Invoice the consumer's Medi-Cal or other private medical insurance (if applicable).</li> <li>Invoice the DOR for remaining balance. Attach EOB or denial.</li> </ul>	Provider