



Psychological Testing Frequently Asked Questions

1. What is psychological testing, and how does it help my situation?

Psychological testing provides standardized information about a clinical question.

Often, psychological testing is requested for one of several reasons (but there are others):

- to rule out a diagnosis of ADHD
- to rule out a learning disability
- to determine IQ
- to rule out a diagnosis of Autism
- to clarify a diagnosis that has been given in the past that no longer seems appropriate, or when the clinical picture seems complicated and a more standardized approach to diagnosis would be helpful

2. What does the psychological testing process involve?

The provider who referred you will complete a testing referral form. You will then be contacted to schedule the requested testing. Depending on the testing requested, the number of tests requested, and the age of the person being tested, this could involve multiple testing sessions. Depending on the situation, a testing session could include an interview, an interactive iPad testing experience, completion of standardized questionnaires and/or rating scales, forms for others to complete at home (like teachers and/or parents or close friends/relatives), computerized testing, or other interactive tests, or a combination of these. After all the testing sessions have been completed and all forms are returned, a score report will be generated with impressions and recommendations. The testing experience will be completed with a follow up session scheduled with our psychologist or one of the medical staff for you to review the results of the score report (depending on the complexity of the situation and at the discretion of our psychologist).

3. Does insurance cover psychological testing, and how much will I have to pay for it?

Psychological testing is generally covered under either your medical plan or mental health plan, depending on your insurance coverage. We bill all ADHD, Autism, learning disability, and IQ testing using a 96116 billing code and all diagnostic clarification evaluations using a 96101 billing code (if you want to call your insurance company to see if these codes are covered under your plan). In general, if you have a deductible for other types of testing (MRI, lab work, etc.), your insurance will most likely apply psychological testing to this same category and apply it toward the same deductible. However, if your plan only has a copay, your insurance will most likely pay for psychological testing as it would any other mental health visit. **It is important, however, for you to understand your individual plan benefits and to call your insurance company to ask, in advance, if you are unsure. Psychological testing costs about \$550 per session, and some testing referrals require multiple sessions, which can add up quickly if you have a deductible or your insurance company denies your claims altogether and you are left paying the full balance of these visits.**

Our goal is for your psychological testing experience to be a positive one, so we want you to be as informed and prepared in advance as possible.