
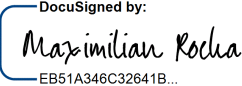


BHS Policies and Procedures

	<p>City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES</p>	<p>1380 Howard Street, 5th Floor San Francisco, CA 94103 (628) 754-9500 FAX (628) 754-9575</p>
<p>POLICY/PROCEDURE REGARDING: Psychological Assessment Services</p>		
<p>Issued By:  Max Rocha, LCSW Director of Systems of Care Effective Date: January 29, 2026</p>		<p>Manual Number: 3.03-20 References: BHIN 21-073, BHIN 23-068</p>

Technical Revision; Amends Policy 3.03-20 of December 19, 2022.

Equity Statement: Behavioral Health Services (BHS) is committed to prioritizing intersectionality, including race, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to become an anti-racist and trauma informed organization. We are committed to ensuring that every policy and procedure leads with an equity lens. We are dedicated to ensuring that our providers are equipped to respond to our members' diverse needs and lived experiences.

Purpose: This policy guides the provision of comprehensive psychological assessment services throughout Behavioral Health Services (BHS). It is meant to provide broad guidance on medical necessity, documentation, and billing specialty mental health services (SMHS) for psychological assessment by BHS providers.

Scope: This policy applies to all civil service and contracted BHS providers serving psychological assessment referrals.

Background: Psychological assessment is a sophisticated, integrative process. It utilizes multiple methods (e.g., clinical interviewing, records reviews, collateral interviewing, observations, standardized testing) to evaluate aspects of psychological functioning (e.g., socio-emotional, cognitive/intellectual, behavioral, neuropsychological). Psychological assessment is conducted by a qualified healthcare professional who is licensed at the doctoral level and possesses training and expertise in psychological assessment.

Policy & Procedures:

1) Utilization Guidelines.

a) Clinically Appropriate Use of Services

Ensuring that members have engaged appropriately with behavioral health and medical providers prior to referrals for psychological assessment helps to prevent unnecessary services

and reduces the burden on members. The following services may be sufficient to establish an accurate diagnosis and adequate services, accordingly:

- 1) Members are preferably fully engaged with a behavioral health treatment provider who conducts a comprehensive clinical intake prior to a referral for psychological assessment services. Exceptions to this should be documented in the medical record.
- 2) Members are preferably evaluated by a neurologist or qualified healthcare provider who evaluates the member's symptoms prior to a referral for neuropsychological assessment services. Exceptions to this should be documented in the medical record.

Psychological assessment may be indicated as a clinically appropriate service when it is needed:

- 1) to differentiate between disorders that present with similar or overlapping symptom profiles;
- 2) to identify factors impacting the member's ability to benefit from services;
- 3) to assess scope of functional impairment;
- 4) to measure risk of harm to self or others; and
- 5) to aid in the selection or prioritization of service planning when multiple needs or interventions are indicated.

Psychological assessment may not be indicated as a clinically appropriate service when:

- 1) the member is unable to safely and meaningfully participate in the assessment process (e.g., actively a danger to self/others, under the influence of substances);
- 2) the member would not reasonably be expected to benefit from services;
- 3) it is used as a routine screening process or in lieu of an intake process;
- 4) it is intended solely for purposes that do not inform service planning and management (e.g., member edification);
- 5) it does not attempt to integrate multiple sources of data; or
- 6) the referral would be appropriately served by a non-BHS provider (e.g., school district, regional center).

b) Third-Party Referrals

Referrals made at the request of and for the purposes of a third party (e.g., forensic/the court) are acceptable provided they meet the standards for informing service planning and management **and** if the referred party meets criteria for psychological assessment services under Medi-Cal/Medicare. Providers must identify the third-party referrer and scope of assessment in medical records, as well as comply with appropriate ethical and legal practices while serving the referral. For members referred directly to SF BHS, there may be limited circumstances when third party referrals or referrals funded outside of Medi-Cal/Medicare may be subject to alternative billing guidelines to meet the unique service needs of those referrals. These referrals must be approved by the relevant SOC Director.

c) Timely Services

Completion times for psychological assessments are likely to vary substantially based on the scope and type of referral. Providers should attempt to complete services within 90 days of linkage or document the reason for the extended timeframe within the medical record. A referral may be closed if a member fails to adequately participate in services following documented

attempts by the provider. Following the last service date, cases should be closed within 90 days for specialty mental health referrals or within 12 months for third-party referrals.

d) Consent for Services/Release & Receipt of Information

Providers must follow applicable ethical standards and legal guidance on securing consent for services, releases of information for data, and for storing or releasing information generated during psychological assessment, including the final report.

2) Documentation Guidelines: Instructions to meet service documentation, medical records, and billing requirements.

a) Stand Alone Psychological Assessment vs. Psychological Assessment in Addition to Other Services

When a Psychological assessment is conducted as a standalone service without the addition of other specialty mental health services (e.g., case management, individual therapy, etc.) programs are not required to complete CANS/ANSA/Specialty Mental Health Assessment administration, PSC-35 administration, or diagnosis. However, programs providing a member with psychological assessment services in addition to other services, either concurrent to or subsequent to psychological assessment services, must adhere to service and documentation requirements within the timeframes specified by BHS.

b) Psychological/Neurological Testing Report

The complete psychological/neuropsychological report will be documented in the electronic health record (EHR) as designated by SF Behavioral Health Services. The report must follow [APA Guidelines for Psychological Assessment and Evaluation](#) and should document the (1) scope of assessment, (2) procedures and data sources, and (3) diagnostic results and recommendations. Psychological assessment services are expected to lead to a final report made available to the member and/or third-party referral source.

c) Service Documentation and Reimbursement

All elements of documentation requirements as outlined by [BHIN 23-068: Documentation Requirements for SMH DMC and DMC-ODS Services](#) must be followed for the documentation and reimbursement for psychological/neurological testing. Providers retain responsibility for following updated documentation and billing guidance as it comes into effect by Department of Health Care Services (DHC). For the most up to date information refer to [MedCCC - Library](#).

Documentation must include the interventions that were provided and those interventions must match the service description of the CPT code that is identified for reimbursement. An encounter note that only state “see assessment or psychological assessment report” is not sufficient documentation for reimbursement as a “report” is not an intervention. In general, the documentation of psychological/neurological testing evaluation service must include the required elements for progress notes (see BHIN 23-068), including a brief description of how the service addressed the member’s behavioral health needs and a summary of next steps.

Attachments:

Contact Person:

Director of Systems of Care

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