



## Position Statement on Criteria and Guidelines for Authorization of Psychological and Neuropsychological Testing

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**Rationale:** To provide criteria to guide providers' requests and health plan review for authorization of psychological and neuropsychological testing

**Purpose:** Psychological and Neuropsychological Testing should be viewed as a specialty procedure available to providers, to assist in the assessment and treatment of more difficult, challenging, recalcitrant, and/or complex cases. Each request for benefit coverage is evaluated on its merit. All authorizations for testing service are contingent on member eligibility, benefit inclusion and exclusion criteria specified in the member's Evidence of Coverage or other summary plan document, and applicable State/Federal laws and regulations. MHN utilizes McKesson's InterQual Behavioral Health Criteria as a guide for authorizing psychological and neuropsychological testing. InterQual Behavioral Health Criteria are objective, evidence-based criteria that support evaluation and care decisions. InterQual criteria are reviewed and revised annually by McKesson's clinical team.

### Uses of Psychological Testing:

1. Screening: Not supported by MHN as a primary reason for requesting formal psychological testing.

- Objective tests used in routine psychotherapy practice by all clinical (and medical) license types (Master's, Doctorate, MD/ARNP/PCP).
- BDI, BAI, BSI, PHQ-9, SCL-90, ZUNG, Hamilton, ADHD screening tools.

2. Diagnosis

- Key to development of a treatment plan is accurate diagnosis of problems for which patient is seeking intervention/treatment. Usually, authorization of a full psych testing battery is not needed. Clinicians will use Structured Clinical Interview for DSM 5 (SCID), not considered formal psychological testing. MHN firmly holds that the community standard requires an initial comprehensive clinical interview (CPT 90791), and it is only if through the gathering of history and mental status examination that a diagnosis cannot be clarified, that psychological testing may be appropriate.
- Differential Diagnosis – Primary purpose of psychological testing requests. However, no authorization is given unless these are provider generated requests. For member requests, authorize CPT 90791 to psychologist testing provider, unless purpose of testing is an exclusion.



### 3. Treatment Planning

- At times, assessment of patient's personality resources and liabilities can save time and money, and avoid misplaced therapeutic efforts, enhance likelihood of favorable treatment outcomes. Used for treatment matching, as well as to monitor treatment progress and to detect treatment obstacles.
- Used when patient has limited response to medications, or in treatment for many sessions with little progress; similar to referring for second opinion.

### 4. Treatment Monitoring and Outcomes

- Similar to treatment planning; used to determine how treatment is progressing and to know when termination is warranted.
- Re-testing to determine treatment progress or lack thereof, or for neuropsychological testing to gauge progress of recovery or lack of, monitor changes in functioning, e.g., neurological injury, use of brief screening tests to monitor symptom progression of identified symptoms.

## Procedures and Requirements for Authorization

### All of the following criteria are met:

1. Testing benefits must be available under the member's Evidence of Coverage or relevant summary plan document.
2. The request for testing is completed **after** the member has been seen for an initial evaluation by a qualified psychologist (see #6 below) and has sufficient clinical information to develop an appropriate testing battery and communicate that in the form of a testing request.
3. When requesting neuropsychological testing to address relevant medical/behavioral issues, the request should be preceded by a mental status examination, and review of the member's pertinent history and an appropriate medical and/or neurological consultation report that recommends neuropsychological testing.
4. Testing is authorized to address a specific diagnostic question that could not otherwise be answered by a standard clinical interview evaluation.
5. The request is for an individualized testing battery based on the patient's unique clinical presentation. Medical Necessity is not satisfied if the request is based upon a standard operating procedure or if the testing request is not tailored to the individual in need.
6. The testing process is conducted or supervised by an independently licensed psychologist with training and expertise in the types of tests/assessment being requested and can perform them at a level proficient to interpret testing data in accordance with the American Psychological Association standards of practice (Ethical Principles of Psychologists and Code of Conduct).
7. The tests and number of hours requested are consistent with the reason for testing, and are not in excess of that necessary in order to obtain a valid assessment outcome. The reimbursable time for test administration is based on published standards or time(s) reported by the test/publisher, and supplemented as needed by published test usage surveys of psychologists engaged in testing activities (e.g., "Psychological Test Usage: Implications in Professional Psychology," by W. J. Camara, J. S. Nathan, and A. E. Puente, 2000, *Professional Psychology: Research and Practice*, 31, 141-154). In the absence of such information for a particular request, reimbursable administration time is based on what MHN has deemed appropriate according to commonly accepted test administration times.

## Psychological Testing

Psychological testing is a set of formal procedures that make use of reliable and valid tests and measures to assess intellectual/cognitive ability, psychopathology, personality style and organization, emotional and/or



interpersonal processes, behavioral functioning, and adaptive skills. Types of psychological testing include self-reported questionnaires, rating scales (e.g., the Beck Depression Inventory, Hamilton Depression Rating Scale), objective tests (e.g., the MMPI-2, MCMI, MACI), and brief screening tests of cognitive function (e.g., the Folstein MMSE or the MOCA).

For psychological testing to be authorized, there is an expectation that testing services are requested for situations where review of relevant history, diagnostic clinical interview, mental status examination, administration of brief/ad hoc screening measures and self-report inventories/assessments, and consultation with collateral sources will be insufficient to address the referral question(s)/issues.

**Any one of the following criteria must be met:**

1. Testing contributes necessary clinical information for differential diagnostic clarification.
2. Results of testing are required to formulate a treatment plan or are required to make necessary revisions to an existing treatment plan.
3. The treatment response is significantly different from the expected response based on the treatment plan.
4. It is necessary to evaluate a member's functional capacity to participate in behavioral health treatment.

**Criteria for Denial of Authorization for Psychological Testing:**

1. The answer to the testing question(s) can be obtained from other sources of data (neurologist, more thorough psychosocial assessment, brief screeners, psychiatric evaluation, school system, pediatrician).
2. The testing results will be used only to confirm a diagnosis that is clinically suggested by initial evaluation.
3. The testing will be used to determine the presence of a diagnosis or appropriateness of a treatment that is not covered in the patient's benefit plan (e.g., testing for V-codes; testing for legal purposes; vocational testing; pre-surgical evaluation for HealthNet-California plans--see #12 below).
4. Psychological testing directly related to the measurement of associated academic/educational problems, academic achievement level, ADHD testing alone, learning disabilities, intelligence (IQ) testing alone, and intellectual disability may be excluded from coverage, depending on coverage exclusions listed in the member's Evidence of Coverage or relevant summary plan document.
5. A qualified provider has not first assessed the patient at the time of the request, using CPT 90791.
6. Psychological testing as a boilerplate, i.e., routine part of a psychologist's assessment of ALL patients.
7. Request is for a reason other than to assist in the formulation of a diagnosis or treatment plan for a psychological disorder or evaluation of functional capacity (achievement testing for school placement; intellectual or vocational interest assessment), or for purposes of specifying aspects of the patient's problems beyond the point of actually impacting the treatment plan, such as member requests for IQ or ADHD testing.
8. Patient's stress and/or associated psychological impairment are related to obvious current stressors, and insufficient time has passed to allow for the effectiveness of treatment interventions to be assessed.
9. The tests requested do not have empirical support or validity to address the question(s).
10. The psychological testing can be appropriately performed by another organization, such as public school system, and regional centers in some cases.
11. Psychological testing is court-ordered, but unrelated to the determination of a diagnosis or development of a treatment plan, such as determination of competency to stand trial, child custody, etc.
12. Psychological testing as a component of pre-surgical evaluation is most often conducted when needing to rule out psychiatric conditions potentially contra-indicative of surgery, to determine a member's ability to understand the risks of surgery, and/or to evaluate the member's ability to participate



responsibly in post-surgical recovery behaviors and lifestyle changes. Unless specifically listed as a covered behavioral health benefit in the member's Evidence of Coverage, these requests are referred to the member's medical plan.

13. Psychological testing administered when the patient has a history of substance use disorder and any of the following apply:
  - a. The patient has ongoing substance use such that test results would be inaccurate; or
  - b. The patient is currently intoxicated; or
  - c. The patient is not yet 10 or more days post-detox; or
  - d. The patient is on certain daily medications that may confound interpretation of results, and drug effects have not been ruled out.

### **Procedure for Review of Psychological Testing Requests:**

MHN care managers will review provider/member requests received according to MHN **Psychological and Neuropsychological Testing Policy and Procedure**, MHN **Position Statement on Criteria & Guidelines for Authorization of Psychological and Neuropsychological Testing** and **Timeliness Standards for Utilization Management Decision Making and Notification Policy and Procedure**. Once a provider completes CPT 90791 and a formal psychological testing request form is received, the care manager will review the request, including specific tests and number of hours being requested. If the request meets criteria as documented herein, the care manager will authorize the average industry standard of up to 6 hours. If the provider request does not meet criteria or is in excess of 6 hours, the care manager will discuss the request with their clinical supervisor and/or refer the request for medical director/peer review. Additionally, if the care manager has a question as to whether the request is for psychological testing or neuropsychological testing, they will discuss the request with the requesting provider, their clinical supervisor and/or refer the request for medical director/peer review.

### **Special Considerations:**

There are some testing requests that originate with a Health Net PCP or MHN provider specifically referring the member to be tested. This occasionally occurs with referrals for ADHD, Autism Spectrum Disorders, and cognitive impairment related symptomology, among others. The care manager should review all these types of requests, that otherwise may not meet medical necessity criteria, with their supervisor, since the member is following the direction of a Health Net or MHN provider. An override of criteria may be necessary in certain limited situations for customer service consideration as well as regulatory compliance.

### **Neuropsychological Testing**

Neuropsychological testing is specifically focused on providing information relevant to the determination of the presence of damage or dysfunction of the brain and associated functional deficits. Requests for neuropsychological testing may require considerations beyond those for intellectual, basic cognitive, and personality testing. Neuropsychological testing consists of the administration of a series of standardized assessments designed to objectively measure higher cognitive function. This testing provides the basis for the conclusions regarding the neuro-cognitive effects of various medical disorders and aids in diagnosis. Neuropsychological testing is also used to assist in the differentiation of psychiatric from neurological disorders. Making an assessment of preserved and compromised cognitive functions can also help to predict the effects of remediation. Neuropsychological testing is indicated when notable behavioral and/or cognitive changes have been associated with a history of severe head trauma or organic brain disease. The testing results assist the clinician to determine the scope and severity of cognitive impairments through a comparison of patient responses to established normative test values. This comparison then assists the clinician in developing a program or plan of care that is specific to the patient's needs. Neuropsychological testing should be delayed until reversible medical or metabolic conditions that are adversely affecting the central nervous system (CNS) are corrected, when possible. Formal neuropsychological testing should also be delayed until any acute



changes have stabilized following trauma, infections, or metabolic or vascular insults to the CNS, e.g., acute stroke, traumatic brain injury (TBI).

**The components of neuropsychological assessment include all of the following:**

1. Assessment of higher cortical functions, which includes thought process and organization, reasoning and judgment.
2. Assessment of attention, language, memory and problem-solving.
3. Obtaining a developmental history, the history of medical disease, trauma and psychiatric illness, and the history of the person’s cognitive decline and/or premorbid level of function.

Neuropsychological testing differs from psychological testing in that neuropsychological testing measures higher cerebral functioning, which focuses on cognitive skills and abilities (i.e., language, memory and problem-solving), whereas psychological testing is designed to provide information about a patient’s personality and emotional functioning.

Neuropsychological testing, when medically referred and for the evaluation of known or suspected brain impairment due to injury or disease process, may be covered through the member’s medical benefits. Below is the current MHN criteria excerpted from Mixed Services Policy and Procedure:

Service Type	Applicable Benefit	Financial Responsibility	Care Management Responsibility
Neuropsychological testing			
* Referral source is a behavioral health specialist AND there is a current version of the DSM primary working diagnosis that is not excluded under the terms of the contract, and services are authorized by MHN	MHSA	MHN	MHN
* Referral source is not a behavioral health specialist OR the working diagnosis is not an included current version of the DSM primary diagnosis	MED	HP	MHNF

- MED** = Medical Benefit
- MHSA** = Mental Health/Substance Abuse Benefit
- HP** = Medical Carrier/Health Plan
- MHN** = Managed Health Network.
- MHNF** = MHN facilitates, but does not assume financial responsibility; MHN serves as a consultant regarding medical necessity and may identify a provider for the health plan. However, the health plan is responsible for authorizing and paying for services.

As with general psychological testing, neuropsychological testing is considered when other sources of information are insufficient to answer the referral question and testing is necessary to answer the specific referral question(s).



**Neuropsychological testing is appropriate for one or more of the following purposes:**

1. To screen for the presence of suspected neuropsychological impairment.
2. The results of testing are necessary to provide differential diagnosis of a psychiatric disorder versus a neurological or medical condition with cognitive and/or psychiatric symptoms.
3. The results of testing are necessary to rule in or out diagnostic conditions when known or suspected neurological disease is not detected or is not certain through the use of standard psychiatric and/or medical/neuro-diagnostic examination and procedures.
4. The assessment of clinical conditions where there is the likelihood of specific brain-based pathology, including: head injuries, moderate-severe dementia, encephalopathy (when there is a specific medical condition (e.g., HIV) causing loss of functioning), brain tumor with associated/suspected cognitive impairment, multiple sclerosis with associated/suspected cognitive impairment, epilepsy with seizure history and associated/suspected cognitive impairment, exposure to neurotoxins; and some cases of developmental delay or disorder (e.g., Cerebral Palsy with associated/suspected cognitive impairment, hydrocephalus with associated/suspected cognitive impairment, structural malformation of the brain or chromosomal/genetic defect that affects brain function with associated/suspected cognitive impairment, language disorder with associated/suspected cognitive impairment, certain cases of prematurity with associated/suspected cognitive impairment); **and** these conditions raise significant neuro-behavioral diagnostic questions and/or treatment issues.
5. The results of testing are required to determine the member's baseline neuro-cognitive functioning when future change is reasonably anticipated and/or to determine changes in functioning from a previous baseline, **and** are necessary to assist with treatment planning.
6. The results of testing are necessary to determine the member's cognitive rehabilitation needs and/or discharge planning or placement needs, when other planning or therapy has been unable to determine appropriate discharge placement.
7. Psychological testing to assess pain conditions is most often conducted when there is a need to assess mood and personality characteristics co-existing with a pain condition and when believed potentially to be influencing pain, when the member shows evidence of cognitive or intellectual disturbances after discontinuation or non-response to pain-relieving and psychotropic medications, and/or to assess co-existing substance abuse issues.

**Criteria for Denial of Authorization for Neuropsychological Testing:**

1. Differentiating between two or more possible psychiatric diagnoses.
2. Diagnosing non-neurologically complicated cases of ADHD.
3. Assessing a non-neurologically complicated learning disability and developing an educational or vocational plan. Developmental testing (CPT 96110, 96111) most often is conducted by a developmental pediatrician, or a speech, language, physical or occupational therapist as part of a multi-disciplinary evaluation of a developmental condition, and so usually requires coverage approval and reimbursement through the member's medical benefit, based on the member's Evidence of Coverage or other summary plan document. *An exception to this is when these CPT codes are included in an battery of tests being approved for autism spectrum disorders in children and adolescents.*
4. The patient is not neurologically and cognitively able to participate in a meaningful way with the requirements necessary to successfully perform these tests.
5. When used as screening tests given to the individual or to general populations.
6. School based testing.
7. In the assessment of patients with acute stroke, prior to a period of rehabilitation.
8. Performed when abnormalities of brain function are not suspected.
9. Used for self-administered or self-scored inventories, or screening tests of cognitive function (e.g., Folstein Mini-Mental Status Examination).



10. Repeated when not required for medical decision-making (i.e., making a diagnosis or deciding whether to continue a particular rehabilitative or pharmacologic therapy).
11. Administered when the patient has a history of substance use disorder and **any** of the following apply:
  - a. The patient has ongoing substance use such that test results would be inaccurate; or
  - b. The patient is currently intoxicated; or
  - c. The patient is not yet 10 or more days post-detox; or
  - d. The patient is on certain daily medications that may confound interpretation of results, and drug effects have not been ruled out;
12. Neuropsychological assessments can be obtained through the clinical evaluation alone (e.g., response to medication).
13. The patient has been diagnosed previously with brain dysfunction, and there is no expectation that the testing would further impact the patient's management.
14. Periodic testing performed when the patient is stable.
15. The patient has an adjustment disorder or dysphoria associated with a medical condition and/or moving to a skilled nursing facility or nursing home.
16. When standardized batteries of tests, not individualized to the patient's complaint or referral question, are administered when only a subset of tests is required.
17. Personality tests, such as MMPI, and/or projective tests such as Rorschach, Thematic Apperception Test, without a neuro-cognitive injury/impairment present.

#### **Procedure for Review of Neuropsychological Testing Requests:**

MHN care managers will review provider/member requests received according to HN Medical Policy on **Neuropsychological Testing**, MHN **Psychological and Neuropsychological Testing** Policy and Procedure, MHN **Position Statement on Criteria & Guidelines for Authorization of Psychological and Neuropsychological Testing** and **Timeliness Standards for Utilization Management Decision Making and Notification** Policy and Procedure. Once a provider completes CPT 90791 and a formal neuropsychological testing request form is received, the care manager will review the request, including specific tests and number of hours being requested. MHN utilizes McKesson's InterQual Behavioral Health Criteria as a guide for authorizing neuropsychological testing. If the request meets InterQual criteria and/or criteria as documented herein, the care manager will authorize up to the maximum allowable hours specified by InterQual. If the provider request does not meet InterQual criteria or is in excess of the maximum allowable hours, the care manager will discuss the request with their clinical supervisor and/or refer the request for medical director/peer review. Peer reviewers utilize McKesson's InterQual Behavioral Health Criteria as a guide for authorizing neuropsychological testing, including maximum number of hours.

Additionally, industry standard does not support the practice of a provider requesting both psychological and neuropsychological testing in one request for a member. It is considered standard practice that some neuropsychological testing requests will include psychological tests and should be reviewed under the same guidelines contained within, utilizing McKesson InterQual Criteria, and should not be separated into two requests. If the care manager has a question as to whether the request is for psychological testing or neuropsychological testing, they will discuss the request with the requesting provider, their clinical supervisor and/or refer the request for medical director/peer review.

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