

Psychological and Neuropsychological Testing

Introduction:

The *Psychological and Neuropsychological Testing Guidelines* is a set of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members'² recovery, resiliency, and well-being.

The *Psychological and Neuropsychological Testing Guidelines* is derived from generally accepted standards of practice for psychological and neuropsychological testing. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS' National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs).

The *Psychological and Neuropsychological Testing Guidelines* is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

❶ Optum is a brand used by Behavioral Health and its affiliates.

❷ The term "member" is used throughout the *Psychological and Neuropsychological Testing Guidelines*. The term is synonymous with "consumer" and "enrollee". It is assumed that in circumstances such as when the member is not an emancipated minor or is incapacitated, that the member's representative should participate in decision making and treatment to the extent that is clinically and legally indicated.

❸ The terms "recovery" and "resiliency" are used throughout the *Psychological and Neuropsychological Testing Guidelines*. SAMHSA defines "recovery" as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA defines "resilience" as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines "recovery" as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.

Guiding Principles

We enable the system of care to become more engaging, effective and affordable by way of three core competencies or “pillars”: Care Advocacy, Service System Solutions, and Information Management & Technology.

Engagement, evidence-based practices, as well as recovery, resilience, and wellbeing are integral to each of the pillars.

Pillar One: Care Advocacy

Care Advocacy is a means for intervening on behalf of members living with a behavioral health issue. We improve the experience of members living in the communities we serve, using our managed care tools and techniques to support wellbeing.

We use Utilization Management and the *Psychological and Neuropsychological Testing Guidelines* in a focused and time-limited manner to accomplish a specific sustained and measured improvement in provider practice. When that purpose is accomplished we stop. We consider the member’s presenting symptoms, clinical history, and biopsychosocial factors, and authorize services the provider can offer to meet the member’s immediate needs and preferences, and support the member’s broader recovery, resiliency and wellbeing goals.

Using Utilization Management and the *Psychological and Neuropsychological Testing Guidelines* reduces undesirable variation from evidence-based practice. This is key to improving quality and affordability.

Pillar Two: Service System Solutions

The purpose of service system management is to improve the structure of, access to, and the practice within systems of care.

We develop and sustain systems of care including services to manage crises and to facilitate recovery, resiliency, and wellbeing. The *Psychological and Neuropsychological Testing Guidelines* is used to promote access to providers who can safely, efficiently and effectively conduct psychological and neuropsychological testing when the results of a clinical evaluation are inconclusive and additional information that can be derived from testing is needed to establish the member’s diagnosis or otherwise inform the treatment plan.

At the system level, the information and decisions derived from using the *Psychological and Neuropsychological Testing Guidelines* provides us with a source of information that is used to align incentives, partner with providers and improve quality and affordability.

Pillar Three: Information Management and Technology

The purpose of Information Management & Technology is to empower staff, providers and members living with a behavioral health issue to create a more engaging, effective and affordable healthcare experience and to empower members in their recovery, resiliency, and pursuit of wellbeing.

At the member level, the *Psychological and Neuropsychological Testing Guidelines* provides a consistent structure for collecting case information which allows us to confirm that services offered by the provider can meet a member's immediate needs, identify alternatives that exist in the service system to meet those needs, and foster the development of a person-centered plan.

At the system level, the information and decisions derived from using the *Psychological and Neuropsychological Testing Guidelines* provides us with aggregate information which allows us to better understand our members' needs and experiences with the system of care. This information is used to evaluate and improve the adequacy of the service system.

Development and Approval, Dissemination, and Use

The *Psychological and Neuropsychological Testing Guidelines* is supported by written policies that govern their development, dissemination and use.

Development and Approval

Optum uses a three-stage process to develop the *Psychological and Neuropsychological Testing Guidelines*:

- 1. Draft Development:** The *Psychological and Neuropsychological Testing Guidelines* is updated annually to reflect changes to the network, advances in evidence-based practice, regulatory requirements, and other opportunities to improve the quality of the *Level of Care Guidelines*.
- 2. Stakeholder Input:** The *Psychological and Neuropsychological Testing Guidelines* is further shaped by input is solicited from clinical personnel, providers, professional specialty societies, members, and regulators.
- 3. Committee Approval:** The final draft is presented to the Behavioral Policy & Analytics Committee for approval.

OHBS-CA works with Optum to update the *Psychological and Neuropsychological Testing Guidelines* to reflect changes to the network, advances in evidence-based practice, regulatory requirements, and other opportunities to improve the quality of the *Level of Care Guidelines*. OHBS-CA works with Optum to solicit input from OHBS-CA's Medical Director and other clinical personnel, providers, members, and regulators. The final draft of the *Psychological and Neuropsychological Testing*

Guidelines is presented to the OHBS-CA Quality Improvement Committee for approval, and the approved draft is presented to the OHBS-CA Board of Directors for final approval.

Dissemination

The *Psychological and Neuropsychological Testing Guidelines* is available to personnel, providers and members on Optum's websites. Printed copies are provided upon request.

Use and Limitations

Care Advocates use the *Psychological and Neuropsychological Testing Guidelines* when making medical necessity determinations and as guidance when providing referral assistance. Services are medically necessary⁴ when they are provided for the purpose of preventing, evaluating, diagnosing or treating a mental illness or substance use disorder, or its symptoms that are all of the following as determined by us or our designee, within our sole discretion:

1. In accordance with Generally Accepted Standards of Medical Practice.
2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the mental illness, substance use disorder, or its symptoms.
3. Not mainly for the member's convenience or that of the member's doctor or other health care provider.
4. Not more costly than an alternative drug, service or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the member's mental illness, substance use disorder, or its symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. We reserve the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be within our sole discretion.

We develop and maintain clinical policies that describe the *Generally Accepted Standards of Medical Practice* scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services.

⁴ The definition of medical necessity may vary by health plan or payor.

These clinical policies (as developed by us and revised from time to time), are available to Covered Persons on Optum's member web site or by calling the telephone number on the Covered Person's ID card. They are available to Physicians and other health care professionals on Optum's provider website or by calling the telephone number on the Covered Person's ID card.

Care Advocates use the *Psychological and Neuropsychological Testing Guidelines* when making medical necessity determinations and as guidance when providing referral assistance. Determinations of medical necessity are determinations whether the benefit plan will pay for any portion of the cost of a health care service, and so are decisions that are for payment purposes only. The member and the member's provider make decisions about the actual treatment the member will receive, and so we do not dictate treatment. When making determinations about medical necessity we use the information provided to us to ascertain whether services are in accordance with standards of practice, are clinically appropriate, not mainly for convenience, and whether services are cost-effective and provided in the least restrictive environment.

Peer Reviewers use the *Psychological and Neuropsychological Testing Guidelines* when staffing a case, conducting a peer review, and as a basis for adverse medical necessity determinations. Personnel use the information and decisions derived from using the *Psychological and Neuropsychological Testing Guidelines* to identify opportunities to improve the adequacy of the service system.

Staff must first identify enrollee eligibility, any federal or state regulatory requirements that supersede the *Psychological and Neuropsychological Testing Guidelines* and the plan benefit coverage prior to use of this guideline. Other clinical guidelines may apply.

The *Psychological and Neuropsychological Testing Guidelines* are used flexibly, and is intended to augment – but not replace – sound clinical judgment. Use is informed by the unique aspects of the case, the member's benefit plan, services the provider can offer to meet the member's immediate needs and preferences, alternatives that exist in the service system to meet those needs, and the member's broader recovery, resiliency and wellbeing goals.

Exceptions may be made to the *Psychological and Neuropsychological Testing Guidelines* such as when there is a superseding contractual requirement or regulation, or when a Medical Director authorizes a case-specific exception from using evidence-based treatment when the member's condition has not responded to treatment as anticipated.”

It is expected that exceptions be carefully thought out, documented and approved by the responsible level of management. It is also expected that an effort will be made to work with the provider to identify an appropriate level of care and forms of treatment that are most likely to be effective.

While the *Psychological and Neuropsychological Testing Guidelines* do reflect Optum's understanding of current best practices in care, it does not constitute medical advice.

Optum reserves the right, in its sole discretion, to modify the *Psychological and Neuropsychological Testing Guidelines* as necessary.

Psychological testing is considered a non-routine outpatient service and requires authorization/notification unless otherwise stated in the coverage document.

Authorization and/or notification for neuropsychological testing are not routinely required by Optum unless otherwise stated in the coverage document.

A testing request may be submitted by fax or mail using the Psychological and Neuropsychological Testing Request Form. A testing request may also be submitted by calling the phone number for behavioral health services on the member's insurance card.

Common Criteria and Best Practices for Psychological and Neuropsychological Testing	
Psychological and Neuropsychological Testing Criteria	Clinical Best Practices
The member is eligible for benefits. AND	<p>The clinical evaluation completed prior to testing:</p> <p>Identifies specific, outstanding clinical questions that must be answered by testing in order to establish the member's diagnosis or inform the treatment plan;</p> <ul style="list-style-type: none"> ○ Verifies that outstanding clinical questions cannot be answered by the clinical evaluation; and ○ Informs the test battery
The member's condition and proposed services are covered under the benefit plan. AND	
Services are within the scope of the provider's licensure and test user qualifications ⁵ . AND	
Services are:	<ul style="list-style-type: none"> • The tests in the battery and the number of hours requested are appropriate to answer specific clinical questions that could not be answered by the clinical evaluation.
<ul style="list-style-type: none"> ○ Consistent with generally accepted standards of clinical practice. ○ Consistent with services backed by credible research soundly demonstrating that the services will have a measurable and beneficial health outcome, and are therefore not considered experimental. 	
<ul style="list-style-type: none"> ○ Consistent with Optum's best practice guidelines available on ubhonline.com. ○ Clinically appropriate for the member's behavioral health condition based on generally accepted standards of clinical practice and benchmarks. 	<ul style="list-style-type: none"> ○ The number of hours includes the total time necessary to complete face-to-face administration, scoring, interpretation and report writing up to 150% of the standard administration time recommended by the test publisher. A request in excess of 150% of the standard administration time is supported by extenuating circumstances with evidence submitted by the provider. Examples of extenuating circumstances include: <ul style="list-style-type: none"> • The member has a significant functional impairment; or • The member has an intellectual disability. ○ At least 1 hour of service (i.e., 1 unit) is required.
AND	
Prior to testing, a clinical evaluation of the member was completed by a behavioral health or medical professional who may be the referring provider or the psychologist conducting the psychological	<p>There is a rationale for re-testing if testing was completed within the last 6 months (e.g., acute head injury; stroke; speech, motor or sensory dysfunction)</p> <p>The member has abstained from using alcohol or drugs for at least 6 weeks prior to testing or however long is required for results to be usefully interpretable.</p>

⁵ The phrase ‘test user qualifications’ refers to the combination of knowledge, skills, ability, training, experience and practice credentials and is what the APA considers desirable for the responsible use of psychological tests (American Psychological Association, Guidelines for Test User Qualifications, 2000).

Common Criteria and Best Practices for Psychological and Neuropsychological Testing	
Psychological and Neuropsychological Testing Criteria	Clinical Best Practices
<p>assessment.</p> <ul style="list-style-type: none"> • The member’s current condition cannot be conclusively assessed with a standard clinical evaluation due to the nature of the member’s signs and symptoms and/or psychosocial and environmental factors. Examples include: <ul style="list-style-type: none"> o A differential diagnosis between more than one behavioral health condition or between a behavioral health condition or a medical condition could not be made; or o The member presents with atypical symptoms. 	<p>Tests are administered in a variety of face-to-face formats including paper-and-pencil, computer, and visual aids.</p> <p>The provider monitors administration to ensure that the member is giving sufficient effort and attention to completing the test battery so as to ensure a valid and reliable measure is obtained.</p>

Psychological Testing

Psychological testing is a set of formal procedures utilizing reliable and valid tests designed to measure the areas of intellectual, cognitive, emotional and behavioral functioning in addition to identifying psychopathology, personality style, interpersonal processes and adaptive skills.

Psychological testing is a component of a psychological assessment. Testing alone is insufficient for establishing a diagnosis. A psychological assessment also involves collecting and drawing conclusions from biopsychosocial information obtained via the clinical interview evaluation, reports and other sources.

Psychological Testing Criteria	Clinical Best Practices
<p>(See Common Criteria for Psychological and Neuropsychological Testing)</p> <p style="text-align: center;">AND</p>	<p>(See Common Clinical Best Practices for Psychological and Neuropsychological Testing)</p> <p style="text-align: center;">AND</p>
<p>Psychological testing is within the scope of the provider's professional training and licensure when the provider is any of the following:</p> <ul style="list-style-type: none"> o A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience; o A psychometrist or psychometrician who administers and scores psychological tests under the supervision of a licensed doctoral-level psychologist and whose services are billed for by the supervising psychologist. <ul style="list-style-type: none"> • The supervising psychologist must have face-to-face contact with the member at intake and during the test feedback session. • The supervising psychologist is also responsible for final test interpretation, report writing and final signature of approval. o A Master's-degreed behavioral health professional who's State licensure specifically allows for provision of psychological testing services; and 	<ul style="list-style-type: none"> • Psychological testing related to the treatment of pain may be conducted when there is a need to assess mood and personality characteristics which may influence the member's experience or perception of 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. • Psychological testing as a component of pre-surgical evaluation may be conducted to rule out behavioral health conditions that could contraindicate surgery, to determine a member's ability to understand the related risks and benefits of surgery, and/or to evaluate the member's ability to participate responsibly in post-surgical recovery behaviors and lifestyle changes.

- The Master's-level provider has professional expertise in the types of tests/assessments being administered.

- The Master's-level provider is conducting test administration, scoring, and interpretation in accordance with licensing standards and psychological testing, professional and ethical standards.

AND

- Developmental testing is an adjunct to the routine surveillance for developmental delays in young children, and this form of testing is often conducted by a developmental pediatrician, or a speech, language, physical or occupational therapist. It is not considered a form of psychological testing, and is not typically covered under the behavioral health benefit.

Neuropsychological Testing

Neuropsychological testing is a set of formal procedures utilizing reliable and valid tests specifically focused on identifying the presence of brain damage, injury or dysfunction and any associated functional deficits. Depending on the nature of the presenting problem and purpose for testing, neuropsychological testing may be covered by the medical or the behavioral health benefit.

Neuropsychological testing are components of a neuropsychological assessment. Testing alone is insufficient for establishing a diagnosis. A neuropsychological assessment also involves collecting and drawing conclusions from biopsychosocial information obtained via the clinical interview evaluation, reports and other sources.

Neuropsychological Testing Criteria	Clinical Best Practices
(See Common Criteria for Psychological and Neuropsychological Testing)	(See Common Clinical Best Practices for Psychological and Neuropsychological Testing)
AND	AND
<p>Neuropsychological testing is within the scope of the provider's professional training and licensure when the provider is any of the following:</p> <ul style="list-style-type: none"> o A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience; o A psychometrist or psychometrician who administers and scores psychological tests under the supervision of a licensed doctoral-level psychologist and whose services are billed for by the supervising psychologist; <ul style="list-style-type: none"> • The supervising psychologist must have face-to-face contact with the member at intake and during the test feedback session. • The supervising psychologist is also responsible for final test interpretation, report writing and final signature of approval. o A credentialed neuro-behavioral psychiatrist with: <ul style="list-style-type: none"> • Recognized certification in neurology through the American Board of Psychiatry and Neurology; <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> • Accreditation in behavioral neurology and 	<p>Neuropsychological testing may be covered under the medical benefit for members with the following conditions:</p> <ul style="list-style-type: none"> o Attention-deficit/hyperactivity disorder (ADHD) when all of the following are present: <ul style="list-style-type: none"> • Specific neurocognitive behavioral deficits related to ADHD need to be evaluated; and • Testing is related or secondary to a known or suspected organic medical condition resulting from brain injury or disease process (e.g., concussion, intractable seizure disorder, cancer treatment effects, genetic disorders, inborn errors of metabolism) o Medical applications may include the following: <ul style="list-style-type: none"> • Confirmed space-occupying brain lesion including the following: <ul style="list-style-type: none"> ▪ Brain abscess ▪ Brain tumors ▪ Arteriovenous malformations within the brain • Symptoms of Major or Minor neurocognitive disorder such as memory impairment or memory loss (including extrapyramidal disorders such as Parkinson's disease) that is associated with a new onset or progressive memory loss and at least one of the following cognitive disturbances:

neuropsychiatry through the American Neuropsychiatric Association;

and

- State medical licensure specifically allowing for provision of neuropsychological testing service;

and

- Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested;

and

- Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation

AND

- Developmental testing is an adjunct to the routine surveillance for developmental delays in young children, and this form of testing is often conducted by a medical pediatrician, or a speech, language, physical or occupational therapist. It is not typically considered a form of neuropsychological testing, and is not covered under the behavioral health benefit.

AND

- The Wada hemispheric activation test is an open brain pre-surgical procedure where neuropsychological tests are administered along with EEG monitoring to determine the hemisphere of the brain responsible for cognitive functions such as speech and memory. The neuropsychological testing component of the Wada test may be covered as a medical benefit.

- Aphasia
- Apraxia
- Agnosia
- Disturbance or change in executive functioning

- Demyelinating disorders including multiple sclerosis
- Developmental disorders or significant developmental delays when all of the following are present:
 - The developmental disorder or delay is associated with a known or suspected medical cause (e.g., traumatic brain injury, in utero toxin exposure, early seizure disorder, sickle cell disease, genetic disorders) and
 - The developmental disorder or delay involves impairment in two or more areas of development including reciprocal social interaction skills, communication skills, speech/language skills, motor skills, attention, executive function, or memory
 - The scope of these criteria is applicable only to neuropsychological testing that is covered by the medical benefit. These criteria do not apply to evaluate or determine educational interventions.
- Encephalopathy including acquired immunodeficiency syndrome (AIDS) encephalopathy, human immunodeficiency virus (HIV) encephalopathy, hepatic encephalopathy, Lyme disease encephalopathy including neuroborreliosis, Wernicke's encephalopathy and systemic lupus erythematosus (SLE) encephalopathy.
- Neurotoxin exposure with at least one of the following:
 - Demonstrated serum levels of neurotoxins
 - Individual with documented significant prenatal alcohol, drug, or toxin exposure
- Seizure disorder including patients with epilepsy and patients being considered for epilepsy surgery

- Stroke or more than one transient ischemic attack
- Traumatic brain injury (TBI)
- Neuropsychological testing is unproven for the following:
 - Baseline neuropsychological testing in asymptomatic persons to manage potential sport-related concussions
 - Computerized neuropsychological testing when used alone to evaluate concussions
 - Any of the following conditions alone without other conditions for which neuropsychological testing is proven:
 - Headaches including migraine headaches
 - Myocardial infarction
 - Intermittent Explosive Disorder

The Mindstreams® Cognitive Health Assessment for diagnosing dementia or mild cognitive impairment

Additional Guidance for Care Advocacy and Intake Staff

When authorization/notification for psychological testing is required, Intake and Care Advocacy staff may approve and enter up to 5 hours of testing.

Providers may not request authorization for up to 5 hours of testing and then request additional authorization by submitting the balance on the testing request form.

When Intake or Care Advocacy staff are not able to approve an initial request, the request will be referred to a doctoral-level psychologist Peer Reviewer. Examples of situations warranting peer review include when there is any of the following:

- A need for additional clinical information;
- A request for more than 5 hours of testing;
- A question about whether the request for coverage should be handled under the medical or behavioral health benefit; or
- A question about coverage under the terms of the member's benefit plan.

When prior authorization/notification for testing is not required under the member's benefit plan, a coverage determination will be made through a claims review. The claim may also be subject to retrospective review of the clinical record such as when the conditions for peer review outlined in the previous section are met. Staff conducting the claims/retrospective review will make a determination based on the *Psychological and Neuropsychological Testing Guidelines*, as well as the terms of the benefit plan to make a coverage determination.