Psychological and Neuropsychological Testing

Introduction:

The Psychological and Neuropsychological Testing Guidelines provide objective and evidence-based criteria which are used to standardize coverage determinations regarding psychological and neuropsychological 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 considered a non-routine outpatient service and requires authorization/notification.

Neuropsychological testing is a set of formal procedures utilizing reliable and valid tests specifically focused on identifying the presence of brain 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 is considered a non-routine outpatient service and requires authorization/notification.

Psychological and neuropsychological testing are components of a psychological and neuropsychological assessment. A psychological or neuropsychological assessment also involves collecting and drawing conclusions from biopsychosocial information obtained via the clinical interview evaluation, reports and other sources.

General Requirements for Psychological and Neuropsychological Testing

1. Psychological and neuropsychological testing benefits must be available under the member’s coverage document, and the request for coverage must be within the terms, limits and exclusions of the member’s coverage document. The following are examples of potential limitations or exclusions:
   a. Services not consistent with generally accepted standards of practice.
   b. Services not consistent with services backed by credible research soundly demonstrating that the service will have a measurable and beneficial health outcome and therefore considered experimental.
   c. Services not consistent with UnitedHealthcare Community Plan’s guidelines or best practices as modified from time to time.
d. Services that are not clinically appropriate for the member’s mental illness or condition based on generally accepted standards of medical practice and benchmarks.

e. Psychological exams required solely for the purposes of routine school, sports, camp, travel, career or employment insurance, marriage or adoption. This limitation does not apply to the evaluation of neurological impact of a sports injury.

f. Psychological exams related to judicial or administrative proceedings or orders.

g. Psychological exams conducted for purposes of medical research.

h. Psychological exams required to obtain or maintain a license of any type.

2. Prior to testing, a clinical interview evaluation of the member must be completed by a behavioral health or medical professional who may be the referring provider or the psychologist conducting the psychological assessment. The evaluation is intended to:

   a. Identify specific, outstanding clinical questions that must be answered by psychological or neuropsychological testing in order to establish the member’s diagnosis or inform the treatment plan;

   b. Verify that outstanding clinical questions cannot be answered by the clinical interview evaluation; and

   c. Inform the testing battery.

3. The provider must be licensed and practicing within the scope of licensure.

   a. Psychological testing may be provided by any of the following:

      i. A doctoral level psychologist with Health Service Provider (HSP) designation who is licensed to practice independently and demonstrates sufficient training and experience;

      ii. A Senior Licensed Psychological Examiner (SLPE) with a Health Service Provider (HSP) designation who is licensed to practice independently and demonstrates sufficient training and experience; or

      iii. A Licensed Psychological Examiner (LPE) who administers and scores psychological tests under the supervision of a doctoral level psychologist with Health Service Provider (HSP) designation who is licensed to practice independently and whose services are billed for by the supervising psychologist or a Certified Psychological Assistant (CPA) under the direct employment and qualified supervision of a doctoral level psychologist who is licensed to practice independently; or the employment of a community mental health agency or state government agency under the qualified supervision of a doctoral level psychologist with Health Service Provider (HSP) designation who is licensed to practice independently and whose services are billed for by the supervising psychologist.
iv. A Master’s degreed behavioral health professional who demonstrates sufficient training and experience and whose scope of state licensure includes psychological testing.

b. For Neuropsychological testing the provider must be any of the following:
   i. A doctoral-level psychologist who is licensed to practice independently and demonstrates sufficient training and experience;
   ii. A psychiatrist who demonstrates sufficient training and experience and who has been credentialed by United Healthcare Community Plan to provide neuropsychological testing and neurobehavioral assessments.

4. The tests and number of hours requested must be appropriate to answer specific clinical questions that could not be answered by the clinical evaluation. The following are also considered:
   a. Whether testing was completed within the last 6 months and, if so, the rationale for re-testing;
   b. Whether the member has abstained from abusing alcohol or drugs for at least 6 weeks prior to testing or however long required for results to be usefully interpretable.

5. The number of hours requested and approved must include the total time necessary to complete face-to-face test administration, scoring, interpretation and report writing. The number of hours that may be approved is typically up to 150% of standard administration time recommended by the test publisher.
   a. Requests in excess of 150% of standard administration time may be subject to additional review by UnitedHealthcare Community Plan to determine if there were extenuating circumstances that required an extended test administration time.
   b. UnitedHealthcare Community Plan can approve a minimum of 1 unit (i.e. 1 hour) of service. Requested services must support at least 1 unit of service as per the above methodology.

6. A testing request may be submitted by fax or mail using the TennCare Pre-Certification & Concurrent Review Fax Form. Providers may access the form at the UnitedHealthcare Community Plan provider website at: [http://www.uhccommunityplan.com/health-professionals/TN/provider-information](http://www.uhccommunityplan.com/health-professionals/TN/provider-information). A testing request may also be submitted by calling the phone number for behavioral health services on the member’s insurance card.

**Psychological Testing (CPT Codes 96101, 96102, 96103)**

Any of the following criteria must be met....
1. A clinical evaluation was inconclusive and additional information which can be derived from psychological testing is needed to establish the member’s behavioral health diagnosis. Examples include but are not limited to:
   a. The member presents with symptoms that could be indicative of more than one behavioral health condition, and a differential diagnosis could not be made.
   b. The member presents with atypical symptoms.

2. A clinical evaluation was inconclusive and additional information which can be derived from psychological testing is needed to inform the treatment plan. Examples include, but are not limited to:
   a. Outstanding questions about the member’s level of functioning must be answered in order to gauge the member’s capacity to participate in behavioral health treatment.
   b. Outstanding questions about a change in the member’s presenting symptoms must be answered in order to gauge the adequacy of the treatment plan.
   c. There are outstanding questions about why a member’s response to treatment has not been as expected.

Neuropsychological Testing (CPT Codes 96118, 96119, 96120)

Any of the following criteria must be met….

1. A clinical evaluation was inconclusive and additional information which can be derived from neuropsychological testing is needed to establish the member’s diagnosis. Examples include, but are not limited to:
   a. The member presents with symptoms that could be indicative of a behavioral health condition or a medical condition, and a differential diagnosis could not be made.
   b. The member’s presenting symptoms and history suggest, but do not confirm the possibility of a medical condition.
   c. The member presents with atypical symptoms.

2. A clinical evaluation was inconclusive and additional information which can be derived from neuropsychological testing is needed to inform the treatment plan. Examples include, but are not limited to:
   a. To determine a baseline neuro-cognitive level of functioning when improvement is anticipated, to determine changes in functioning from a previous baselines, and to assist with treatment planning.
   b. The results of testing are necessary to determine the member’s cognitive rehabilitation needs and/or discharge planning or placement needs.

Additional Guidance for Specific Testing Situations
1. Neuropsychological testing may be covered under the medical benefit for the following conditions:
   a. Attention-deficit/hyperactivity disorder (ADHD) when:
      i. Specific neurocognitive behavioral deficits related to ADHD need to be evaluated;
      ii. Testing has been recommended by a physician; and
      iii. Testing is related to a known or suspected condition resulting from brain injury or a medical disease process (e.g., concussion, intractable seizure disorder, effects of cancer treatment);
   b. A confirmed space-occupying brain lesion;
   c. Dementia or symptoms of dementia such as memory impairment or memory loss that is associated with a new onset or progressive memory loss and at least one of the following disturbances:
      i. Aphasia
      ii. Apraxia
      iii. Agnosia
      iv. Disturbance or change in executive functioning;
   d. Demyelinating disorders including multiple sclerosis;
   e. Developmental disorders or significant developmental delays when all of the following are present:
      i. The developmental disorder or delay is associated with a known or suspected medical cause (e.g., traumatic brain injury, in utero exposure); and
      ii. 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.
   f. Encephalopathy;
   g. Neurotoxin exposure with at least one of the following:
      i. Demonstrated serum levels of neurotoxin; or
      ii. Individual with documented significant prenatal alcohol, drug or toxin exposure;
   h. Seizure disorder including patients with epilepsy and patients being considered for epilepsy surgery;
      i. Stroke or more than one transient ischemic attack
      j. Traumatic brain injury.
2. 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.

3. 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.

4. Developmental testing (CPT codes 96110, 96111) 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 or neuropsychological testing and is not covered under the behavioral health benefit.

5. A neuro-behavioral status exam (CPT code 06116) is an assessment of impairments in cognitive functions such as attention, memory, language, problem solving and visual and spatial abilities. A neurobehavioral status exam may be considered for coverage under either the member’s medical or behavioral health benefit, depending on whether the exam is related to a medical or behavioral health condition.

6. CPT code 96116 may be utilized by a neuropsychologist in lieu of 90791 to bill for an initial neuropsychological assessment visit, and may be utilized to bill for a 1 hour neuro-cognitive evaluation.

7. A psychologist who bills for services delivered by a psychometrist, psychometrician or CPA should use CPT code 96102 (for psychological testing) or 96119 (for neuropsychological testing).

8. A psychologist who bills for testing administered by computer should use CPT Code 96103 (psychological testing) or 96120 (for neuropsychological testing).

9. The Wada hemispheric activation test (CPT code 95958) is an open brain pre-surgical procedure when neuropsychological tests are administered along with EEG monitoring to determine the hemisphere of the brain responsible for cognitive functions such as speed and memory. The neuropsychological testing component is sometimes billed using the 95958 CPT code or may be billed using the 96118 neuropsychological testing CPT code. The neuropsychological testing component of the Wada test may be covered as a medical benefit.

**Additional Guidance for Care Management and Intake Staff**

1. When authorization/notification for psychological testing is required, Intake and Care Management staff may approve and enter up to 5 hours of testing.
   
   a. 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.
b. When Intake or Care Management staff is not able to approve an initial request, the request will be referred to Peer Reviewer. Examples of situations warranting peer review include when there is any of the following:
   i. A need for additional clinical information;
   ii. A request for more than 5 hours of testing;
   iii. A question about whether the request for coverage should be handled under the medical or behavioral health benefit; or
   iv. A question about coverage under the terms of the member’s benefit plan.