

SWMBH MI Health Link Operating Procedure 12.13.1

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| Subject: Psychological/Neuropsychological Testing Authorization Procedure | | Accountability: Utilization Management | Effective Date: 4/13/17 | Pages: 3 | |
| Overarching Policy: SWMBH MHL Policy 12.13 Psychological/Neuropsychological Testing | | | Last Reviewed Date: 4/13/17 | Past Reviewed Dates: | |
| LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____ | | APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____ | | Last Revised Date: | Past Revised Dates: |
| Approved: <u>B. K. Bacony</u> Date: <u>5/2/17</u> <u>Kimberly</u> Dir of UMC/MI 4.29.17 <u>Christina Jones</u> Manager of UM/Callcenter 4/29/17 | | | Required Reviewers: Medical Director Chief Clinical Officer Director of UM & Member Engagement Manager of UM & Call Center MHL Committee | | |

I. Purpose

To describe a clear method for completing the authorization service determination process for Neuropsychological and Psychological testing, while supporting and enhancing the overall goal of improving care through the application of medical necessity criteria, under the standards of best practice, and adhering to regulatory requirements and contractual obligations.

II. Scope

Neuropsychological and Psychological testing requires prior authorization/coverage determination when directly funded through Southwest Michigan Behavioral Health (SWMBH), prior to delivery of service. This procedure intends to assure timely review, decision making and authorization of requests for psychological and neuropsychological testing, by appropriate clinical staff.

III. Procedural Steps

A. Provider Request for Testing

1. Providers, on behalf of a member, should submit requests for psychological and neuropsychological testing on the appropriate SWMBH Testing Request Form. This service requires prior authorization.
2. Where possible, testing requests should be submitted with the results of the diagnostic assessment that led to the tests being requested.
3. Requests can be faxed, securely emailed, or documents uploaded in, and authorization requested in the member's Smartcare record, when applicable.
4. When a request is received for psychological testing, the request will be entered in SWMBH's Managed Care Information System (MCIS), if not already entered by the provider

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requesting, and reviewed by a SWMBH Care Manager who has been deemed capable by the Medical Director and Director of Utilization Management and Member Engagement to approve up to 6 hours of testing.

5. In the event the request is for Neuropsychological testing, the request is for more than 6 hours of psychological testing, or the Care Manager does not believe that criteria outlined in the Psychological and Neuropsychological Testing Policy has been met to approve the request, the request will be reviewed by the SWMBH Medical Director independently and/or with the MI Health Link Patient Management Committee.
6. All authorization decisions for testing will be based upon the medical necessity criteria set forth in SWMBH’s adopted Beacon Health Options, NMNC 5.502.0: Psychological and Neurological Testing, SWMBH’s Psychological and Neuropsychological Testing Policy, standards for psychological testing such published by the American Psychological Association, and/or requirements outlined in Chapter 15: Medicare Benefit Provider Manual, Chapter 15: Covered Medical Health and Other Health Services.
7. All authorization request determinations will be made within the timelines outlined in SWMBH MI Health Link (MHL) Policy 4.4: Service Authorizations and Notice of Determination Policy.
8. Any request for Psychological/Neuropsychological testing that results in a denial, will be made by SWMBH’s Medical Director, or another board certified psychiatrist, who is licensed in the State of Michigan.
9. If the request results in a denial decision, the assigned Care Manager staff will follow the procedural steps for documentation and notification of an adverse authorization determination, outlined in SWMBH MHL Procedure 4.3.1: Adverse Action Procedure.
10. If the request results in an approval, the assigned Care Manager will enter an approved authorization in SWMBH’s MCIS.

B. Member Request for Testing

1. Members who request authorization for testing directly from SWMBH, and have not had a Level II screening within the past 12 months, or have requested a higher level of care than determined to be eligible for based on the most recent Level II assessment, will complete a Level II LOCUS screening with an appropriate SWMBH staff
2. Upon completion of the LOCUS screening, and determination of eligibility, the member will be referred to a provider, or providers, within SWMBH’s provider network that are contracted to complete testing, and an authorization will be entered for a diagnostic assessment and/or psychiatric evaluation (90791/90792), if one has not recently been completed.
3. Upon completion of the diagnostic assessment, the procedural steps outlined in “Provider Request for Testing” shall be followed.

C. Covered CPT Codes

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| 96101 | Psychological testing, per hour of the psychologist’s or physician’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report. Also used when circumstances when additional time is necessary to integrate other sources of clinical data, including previously reported technician-and computer- administered tests. | Includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI, Rorschach®, WAIS® |
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| 96102 | Psychological testing, with qualified health professional interpretation and report, administered by a technician, per hour of technician's time, face-to-face | Includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI, WAIS® |
| 96103 | Psychological testing, administered, with qualified health care professional interpretation and report. | Includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI |
| 96116 | Neurobehavioral Status Exam, per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report. | Clinical Assessment of thinking, reasoning and judgement, e.g. acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities |
| 96118 | Neuropsychological testing, per hour of the qualified professionals time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report | e.g. Halstead-Reitan Neuropsychological Battery, Wechsler memory Scales, CNS Vital Signs and Wisconsin Card Sorting Test |
| 96119 | Neuropsychological testing, with qualified healthcare professional interpretation and report, administered by a technician, per hour of technician time, face-to-face. | e.g. Halstead-Reitan Neuropsychological Battery, Wechsler memory Scales, CNS Vital Signs and Wisconsin Card Sorting Test |
| 96120 | Neuropsychological testing, administered by a computer, with a qualified healthcare professional interpretation and report. | e.g. Wisconsin Card Sorting Test, CNS Vital Signs |

IV. Definitions

None

V. References

- A. SWMBH Medical Necessity Criteria (Adopted Beacon Health Options Medical Necessity Criteria: 5.502.0 Psychological and Neuropsychological Testing)
- B. Medicare Benefit Policy Manual, Chapter 15: Covered Medical and Other Health Services
- C. SWMBH MHL Policy 12.13: Psychological and Neuropsychological Testing
- D. SWMBH MHL Policy 4.4: Service Authorizations and Notice of Determination Policy
- E. SWMBH MHL Procedure: 4.3.1 Adverse Action Procedure
- F. SWMBH Psychological-Neuropsychological Testing Request Form

VI. Attachments

None

