

SWMBH MI Health Link Operating Policy 12.13

Subject: Psychological and Neuropsychological Testing		Accountability: Utilization Management	Effective Date: 4/13/17	Pages: 4
REQUIRED BY: BBA Section _____ PIHP Contract Section <u>Aetna/SWMBH MHL Agreement, Attachment B; Meridian/SWMBH MHL Agreement Appendix I</u> NCQA/URAC Standard <u>UM 4 (A&D), UM 5 (A&B), UM 6</u> Other <u>Medicare Benefit Policy Manual, Chapter 15, Section 80.2</u>			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"/> ABW Waiver <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 Other: _____		Last Revised Date:	Past Revised Dates:
Approved: <u>B. K. Baer</u> Date: <u>5/2/17</u> <u>Kimberly</u> Dir of UM & ME 4.29.17 <u>Chantal</u> on by Mon UM (call call 129/17)		Required Reviewer: Medical Director Chief Clinical Officer Director of UM & Member Engagement MHL UM Committee		

I. Purpose

To set forth guidelines regarding the authorization and use of Neuropsychological and Psychological testing for members of Southwest Michigan Behavioral Health (SWMBH) and MI Health Link network providers.

II. Policy

It is the policy of Southwest Michigan Behavioral Health (SWMBH) to assure that members receive medically necessary services based on medical necessity criteria for the service being requested, and to assure the timely review, decision making and authorization of requests for psychological and neuropsychological testing. Authorization for testing will be based on the medical necessity criteria set forth in SWMBH's adopted Beacon Health Options, NMNC 5.502.0: Psychological and Neuropsychological Testing, and in compliance with the requirements set forth in Chapter 15 of the Medicare Benefit Policy Manual.

III. Standards and Guidelines

A. Psychological Testing Criteria

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 prior authorization. Psychological testing is covered under the behavioral health benefit when

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medically necessary for diagnostic assessment and differential diagnosis, essential to guiding treatment recommendations. The following criteria and conditions apply:

1. The member must have:
 - a. Current active treatment and diagnostic evaluation (including psychosocial functioning).
 - b. Requests for educational purposes, must be within state mandates.
 - c. No active illicit substance use within 3 months of request.
2. Request for testing is based on a need for at least one of the following:
 - a. Differential diagnosis of a mental health condition unable to be completed by a traditional assessment;
 - b. Diagnostic clarification due to a recent change in mental status for appropriate level of care determination/treatment needs due to lack of standardized treatment response.
3. Repeat testing needed as indicated by all of the following:
 - a. Proposed repeat psychological testing can help answer questions that medical, neurological, or psychiatric evaluation, diagnostic testing, observation in therapy, or other assessment cannot.
 - b. Results of proposed testing are judged to be likely to affect care or treatment of member (i.e. contribute substantially to decision of need for, or modification to, a rehabilitation or treatment plan).
 - c. Member is able to participate as needed such that proposed testing is likely to be feasible (i.e. appropriate mental status, intellectual abilities, language skills).
 - d. No active substance use, withdrawal, or recovery from recent chronic use and
 - e. Clinical situation appropriate for repeat testing as indicated by 1 or more of the following:
 - i. Clinically significant change in member's status (i.e. worsening or new symptoms or findings)
 - ii. Other need for interval reassessment that will inform treatment plan

B. Neuropsychological Testing Criteria

Neuropsychological tests are usually performed to evaluate neurological or neuropsychiatric disorders, and results often provide valuable information about the patients neurocognitive functioning. Neuropsychological tests are also designed to evaluate a member's ability in concentration, memory, reading, comprehension, judgement and ability to interpret and process information. Visual perceptions, movement, coordination and a psychological profile may also be performed. The results should serve to aid in the development of a treatment plan. The following criteria and conditions must be met:

1. The member is experiencing cognitive impairments; or
2. The member has had a comprehensive evaluation by a psychiatrist, psychologist, or developmental/behavioral pediatrician.
3. Testing must be necessary to:
 - a. Screen for the presence of suspected neuropsychological impairment; or Provide differential diagnosis of a psychiatric disorder versus a neurological or neuro-endocrine medical condition with cognitive and/or psychiatric symptoms; or
 - b. To rule out diagnostic conditions when known or suspected neurological disease is not detected or is not certain through the use of standard psychiatric and medical neuro-diagnostic procedures; or
 - c. Assess clinical conditions where there is a likelihood of specific brain-based pathology, including head injuries, dementia, encephalopathy (when there is a specific medical condition causing progressive loss of functioning), multiple sclerosis, epilepsy, exposure to neurotoxins and some cases of development delay

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or disorder, and these conditions raise significant diagnostic questions and/or treatment issues.

C. Exclusions To Testing

Any of the following are sufficient for exclusion from this level of care:

1. Testing is primarily to guide the titration of medication
2. Testing is primarily for legal purposes
3. Testing is primarily for medical guidance, cognitive rehabilitation, or vocational guidance, as opposed to the admission criteria purposes stated above
4. Testing request appears more routine than medically necessary (i.e. standard test battery administered to all new members)
5. Specialized training by provider is not documented
6. Interpretation and supervision of neuropsychological testing (excluding the administration of tests) is performed by someone other than a licensed psychologist or other clinician whom neuropsychological testing falls within the scope of their clinical license, and who has had special training in neuropsychological testing.
7. Measures proposed have no standardized norms or documented validity.
8. The time requested for a test/test battery falls outside SWMBH's established time parameters.
9. Extended testing for ADHD has been requested prior to provision of a thorough evaluation, which has included a developmental history of symptoms and administration of rating scales.
10. Symptoms of acute psychosis, confusion, disorientation, etc., interfering with proposed testing validity are present
11. Administration, scoring and/or reporting of projective testing is performed by someone other than a licensed psychologist, or other clinician for whom psychological testing falls within the scope of their clinical licensure and who has specialized training in psychological testing
12. The expectation is that diagnosis of ADHD can be made by a psychiatric consult and may not require psychological testing.
13. Testing requested by the legal or school system is not generally a covered benefit
14. Member is not neurologically and cognitively able to participate in a meaningful way in the testing process

D. Criteria for Testing Administration

1. Tests must be published, valid, and in general use as evidenced by their presence in the current edition of the Mental Measurement Yearbook, or by their conformity to the Standards for Educational and Psychological Tests of the American Psychological Association.
2. Tests are administered individually and are tailored to the specific diagnostic questions of concern.
3. Administration and supervision of psychological and neuropsychological testing must be performed in accordance with regulations outlined in the Medicare Benefit Policy Manual, Chapter 15, Section 80.2: Psychological Tests and Neuropsychological Tests.

E. Non Reimbursable Tests

1. Self-rating forms and other paper and pencil instruments, unless administered as part of a comprehensive battery of tests (e.g., MMPI or PIC) as a general rule
2. Group forms of intelligence tests
3. Short form, abbreviated, or "quick" intelligence tests administered at the same time as the *Wechsler* or *Stanford-Binet* tests.

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4. A repetition of any psychological test or tests provided to the same member within the preceding six months, unless documented that the purpose of the repeated testing is to ascertain changes:
 - a. Following such special forms of treatment or intervention such as ECT;
 - b. Relating to suicidal, homicidal, toxic, traumatic, or neurological conditions.
 - c. Tests for adults that fall in the educational arena or in the domain of learning disabilities.
 - d. Testing that is mandated by the courts, DSS or other social/legal agency in the absence of a clear clinical rationale.

F. Adverse Determinations

Any authorization determination for Psychological or Neuropsychological Testing that results in a denial, will be made by a fully licensed psychologist, SWMBH's Medical Director, or another board certified psychiatrist, who is licensed in the State of Michigan.

IV. Definitions

- A. 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, Section 80.2: Psychological Tests and Neuropsychological Tests

VI. Attachments

- A. None