
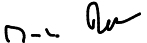




Section: Clinical Practices	Policy Name: Psychological & Neuropsychological Testing	Policy Number: MHL 12.13
Owner: Director of Clinical Quality	Reviewed By: Alena Lacey, MA, LPC Bangalore Ramesh, MD	Total Pages: 8
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input checked="" type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): <u>Medicare Benefit Policy</u> <u>Manual, Chapter 15, Section</u> <u>80.2</u> <u>Aetna/SWMBH MHL</u> <u>Agreement, Attachment B;</u> <u>Meridian/SWMBH MHL</u> <u>Agreement Appendix I</u>	Final Approval By:  <u>Alena Lacey (Dec 21, 2021 15:21 EST)</u>  <u>Bangalore K Ramesh (Dec 21, 2021 20:54 EST)</u>	Date Approved: Dec 21, 2021
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 11/9/15

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.

Purpose: To set forth guidelines regarding the authorization and use of Neuropsychological and Psychological testing for members of SWMBH and MI Health Link network providers.

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.



Responsibilities:

- A. SWMBH providers will request prior authorization for psychological and neuropsychological testing and will provide documentation of medical necessity as outlined in this policy.
- B. SWMBH UM clinical staff will review requests and will approve requests meeting medical necessity criteria. Authorization determinations that result 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.

Definitions: None

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 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 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 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 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 Attention Deficit Hyperactivity Disorder (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., Minnesota Multiphasic Personality Inventory [MMPI] or Personality Inventory for Children [PIC]), as a 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.
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.

Procedure: Psychological/Neuropsychological Testing Authorization

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.

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 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 MCG guidelines for Neuropsychological Testing (B-805-T) and/or Psychological Testing (B-807-T), 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 Current Procedural Terminology (CPT) Codes

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®
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

Effectiveness Criteria: Providers will request testing appropriately and all medically necessary psychological and neuropsychological testing will be authorized in the best interest of the member.

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
- C. SWMBH MHL Policy 4.4: Service Authorizations and Notice of Determination Policy
- D. SWMBH MHL Procedure: 4.3.1 Adverse Action Procedure
- E. SWMBH Psychological-Neuropsychological Testing Request Form

Attachments: None



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	4/26/2019	Responsibilities, Procedure, Effectiveness Criteria	Not in previous version	E. Guisinger
1	11/29/2021	Procedure	Updated medical necessity guidelines	E. Guisinger









MHL 12.13 Psychological & Neuropsychological Testing

Final Audit Report

2021-12-22

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