

	<p>Psychological/Neuropsychological Testing Guidelines</p>	
<p>Guideline # 6673</p>	<p>Categories Clinical → Care Management CM, TCHP Guidelines</p>	<p>This Guideline Applies To: Texas Children's Health Plan</p>
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all Psychological, Neurobehavioral, and Neuropsychological Testing when billed outside of the guidance documented in the Texas Medicaid Provider Procedure Manual Behavioral Health and Case Management Handbook.

GUIDELINE

1. All requests for Psychological, Neurobehavioral and Neuropsychological Testing are received via fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. Psychological testing (procedure codes 96130, 96131*, 96136, and 96137*), neurobehavioral testing (procedure codes 96116 and 96121*), and neuropsychological testing (procedure codes 96132, 96133*, 96136, and 96137*) are limited to four hours per client, per day and eight hours per client, per calendar year. Additional hours require prior authorization.
 - 2.1. If the member requires more than four hours of testing per day, or more than eight hours of psychological, neurobehavioral, or neuropsychological testing per calendar year, additional documentation is required to support the medical necessity for the additional hours. Additional testing hours may be considered as an exception on a case-by-case basis when supported by medical necessity. The number of hours prior authorized is based on the medical necessity as supported by the documentation provided. All documentation must be maintained by the provider in the client's medical record.
3. In order for the requested service to be considered medically necessary, documentation supporting one of the following must be met:
 - 3.1. Testing is needed for a differential diagnosis of a covered mental health condition, which is not clear from a traditional assessment (i.e., clinical interview, brief rating scales), and diagnostic clarity is needed for effective psychotherapy or psychopharmacotherapy treatment planning.

- 3.2. The individual has not responded to standard treatment with no clear explanation of treatment failure, and testing will have a timely effect on the individual treatment plan.
- 3.3. Testing is needed on a medical patient to provide a differential diagnosis between psychogenic versus a neurogenic syndrome affecting neurocognitive functioning and to determine the nature, scope and level of remediation of brain damage or organic brain disease under the following conditions:
 - 3.3.1. When there has been a significant mental status change, memory/cognitive loss or change, or documented brain injury.
 - 3.3.2. When there is a medical condition present associated with memory change. Examples may include any of the following: cochlear implant, recent head injury, stroke, CNS neoplasm (pre- and post-surgery), radiation treatment, chemotherapy, sickle cell disease providing that neurological signs and symptoms are identified and documented, e.g. poor school performance, cerebral anoxia, cerebral hypoxia, CNS infection, vascular injury of the CNS, neurodegenerative disorders, dementia, demyelinating disease, extrapyramidal disease, metabolic encephalopathy after stabilization, exposure to agents known to be associated with cerebral dysfunction, ongoing seizures, or to assist the health care team in a decision regarding radiation vs. chemotherapy.
 - 3.3.3. Other neurodevelopmental risk factors for neuropsychological deficits, e.g., low birth weight, spina bifida, etc. will be considered on a case by case basis with a neuropsychologist.
4. The following are not considered medically necessary:
 - 4.1. Routine testing (sometimes requested by facilities for admission or regularly provided upon commencement of treatment) is not considered medically necessary. **The administration of a standard battery of tests is not routinely considered medically necessary**; thus, the “process method” of selecting specific tests, which are directly responsive to the referral questions, and presenting problems is generally endorsed by Texas Children’s Health Plan. Frequently, a portion of testing request may be approved as a screening to determine the need for further testing, just as an x-ray might be approved before an MRI in an orthopedic work-up
 - 4.2. Testing is primarily for legal, custody or placement purposes, unless court ordered.
 - 4.3. Measures proposed have no standardized norms or documented validity.
5. The following are not considered a benefit:
 - 5.1. Assessment of possible learning disabilities, developmental disabilities, or autism spectrum disorders is provided by the school system per federal mandate Public Law 94-142, the *Education of all Handicapped Children Act of 1975*.
 - 5.2. Testing requested by the legal system is not generally a covered benefit unless court ordered.

- 5.3. Testing requested by the school system is not generally a covered benefit.
6. All requests that do not meet the guidelines referenced here will be referred to a Physician Reviewer for review and the Denial Policy will be followed.
7. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:

- **Texas Medicaid Provider Procedures Manual**
http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx

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