



Behavioral Health Psychological/Neuropsychological Testing Guidelines

Psychological testing (procedural code 96101) and Neuropsychological Testing (procedural code 96118) involve the culturally and linguistically competent administration and interpretation of standardized tests to assess an individual's psychological or cognitive functioning. **All testing must be preauthorized except when it is included in the negotiated per diem rate for a facility or program.** Testing is virtually never needed on an emergency basis and, thus, requests for it can be reviewed and approved before it is begun.

Testing is viewed as a potentially helpful second opinion for treatment failures and/or difficult to diagnose cases; *routine testing (sometimes requested by facilities for admission or regularly provided upon commencement of treatment) is not considered medically necessary.*

The following 3 guidelines are to be used when making an authorization determination:

- The reason for testing must be based on a specific referral question or questions from the treating provider and related directly to the medical, psychiatric, or psychological treatment of the patient, and
- The specific referral question or questions cannot be answered by means of diagnostic assessment and/or behavioral observations, and
- The specific referral question or questions and testing results will have a meaningful impact on the course or outcome of therapy.

The first guideline highlights the need for *a specific clinical reason or rationale* for psychological testing. Routine or "standard orders" testing does not meet this guideline. Psychological testing must serve a specific purpose for each individual patient.

The second guideline focuses on the *specialized need* for psychological testing. In most circumstances, a diagnostic assessment is sufficient to determine a patient's diagnosis and treatment plan. For psychological testing benefits to be eligible for authorization, the provider must clearly delineate why an assessment and/or behavioral observations are not adequate, as well as explain how testing is likely to answer the referral question(s).

The third guideline emphasizes the importance of *utility* for the testing. For example, if a diagnostic assessment is unable to differentiate between several diagnoses, but testing is likely to clarify a specific diagnosis and facilitate appropriate treatment, then testing benefits may be authorized. **All 3 guidelines must be met for testing benefits to be eligible for authorization.**

1. Testing must always be preceded by a diagnostic interview which will be either Code 90791 (Diagnostic Evaluation w/o Medical) or Code 90792 (Diagnostic Evaluation with medical).
2. Testing is approved only for licensed psychologists and other clinicians for whom testing falls within the scope of their clinical licensure and who have specialized training in psychological and/or neuropsychological testing.
3. Testing is never approved for more than 4 hours per day or 8 hours per calendar year. If additional testing is requested, documentation supporting medical necessity must be submitted.

Educational testing is not a covered benefit, though this disqualifier is subject to patient specific review. **IQ and Achievement tests are educational tests.** 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*.

However, neuropsychological testing in children before the age of 5 for autism is supported in the literature. Screening instruments should be used first. These include the Checklist for Autism in Toddlers (18 months of age) or the Autism Screening Questionnaire for children 4 years of age or older.

4. When neuropsychological testing is requested secondary to a neurological injury or other medical/ neurological condition, Texas Children's Health Plan may consider the cost of the service to be the allocated to medical benefits.
5. Texas Children's Health Plan **may** request that a neurology consult be done prior to making a medical necessity determination. In the case where neuropsychological testing is requested to differentiate the presence of organic brain dysfunction versus a psychological disorder, a screening of no more than 4 hours of testing may be authorized for this purpose. A discussion with the requesting provider may be requested prior to a certification decision for a complete testing battery.
6. Neuropsychological testing is certified only to a fully licensed psychologist with appropriate training and expertise in this area. When administration of neuropsychological testing is delegated to a psychometrician / psychological assistant, the report must be signed by the fully licensed neuropsychologist who is responsible for the interpretation of test results.
7. All tasks involving **projective testing** must be performed by a licensed psychologist, or by a licensed psychologist associate (LPA) under the direct supervision of a licensed psychologist.
8. Testing for **ADHD** is approved on a case by case basis. The **expectation** is that the diagnosis of **ADHD** can in most instances be made on the basis of DSM-IV-TR and/or DSM V criteria alone and such diagnosis does not necessarily require psychological testing.

Extended testing for **ADHD** is not authorized prior to the provision of a thorough evaluation, which has included developmental history of symptoms and rating scales. The use of collateral interviews is part of the ADHD evaluation (e.g., discussion with school personnel, parents, etc.).

The collection of rating scale data from additional objective sources is highly preferred). One unit of **90791** (diagnostic evaluation) and one or more units of **90834** (psychotherapy visit) is usually authorized for this purpose; in the vast majority of cases, the diagnostic question is answered with this workup. If this initial work-up shows indications for **ADHD**, referral to a physician would be appropriate. **Therefore, if the Primary Diagnosis is ADHD, a total of one hour of Code: 96101 will be approved for testing for that authorization request.** Also, not more than one hour of Code: 96101 will be approved for all ADHD tests requested on an authorization, regardless of primary diagnosis.

9. **Testing requested by the legal system is not generally a covered benefit unless court ordered.**
10. **Testing requested by the school system is not generally a covered benefit.**
11. **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.
12. **Per TEXAS MEDICAID PROVIDER PROCEDURES MANUAL: AUGUST 2014, VOL. 2:** If the client requires more than four hours of testing per day, or more than eight hours of psychological 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 are 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.
13. **Providers must spell out the name of each test requested as well as the hours.**
14. Testing requested on an **inpatient basis** should be completed within 48 hours of being ordered.

Admission Criteria	<i>Either 1 or 2 are necessary for admission.</i>
	<ol style="list-style-type: none"> 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. 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. 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: <ul style="list-style-type: none"> • When there has been a significant mental status change, memory/cognitive loss or change, or documented brain injury. • 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. • 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.
Psychosocial, Occupational, and Cultural Linguistic Factors	<i>These factors, as detailed in the Introduction, may change the risk assessment and should be considered when making level of care decisions.</i>

<p>Exclusion Criteria</p>	<ol style="list-style-type: none"> 1. Testing was administered within the last year, and there is no strong evidence that the patient’s situation or functioning is significantly different. 2. Testing is primarily for education purposes. 3. Testing is requested within 30 days of active substance abuse or during current withdrawal. 4. Testing is primarily to guide the titration of medication. 5. Testing is primarily for legal, custody or placement purposes. Unless court ordered for medical reasons. 6. Testing is used for vocational guidance. 7. Testing request appears to be routine rather than medically necessary (e.g., a standard test battery administered to all new patients). 8. Specialized training by provider is not documented. 9. Interpretation and supervision of neuropsychological testing (excluding the administration of tests) is performed by someone other than a licensed psychologist with a specialty in neuropsychology. 10. Measures proposed have no standardized norms or documented validity. 11. The time requested for a test/test battery falls outside Texas Children’s Health Plan established time parameters. 12. 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. 13. Current symptoms of acute psychosis, confusion, disorientation, will interfere with the validity of proposed testing. 14. Administration, scoring and/or reporting of projective testing is performed by someone other than a fully licensed psychologist, or other mental health professional whose scope of training and licensure does not includes such training.
<p>Continued Stay Criteria</p>	<p><i>Does not apply.</i></p>
<p>Discharge Criteria</p>	<p><i>Does not apply.</i></p>