Psychological and Neuropsychological Testing

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Product:
- 2001 Generic UnitedHealthcare COC/SPD
- 2007 Generic UnitedHealthcare COC/SPD
- 2009 Generic UnitedHealthcare COC/SPD
- 2011 Generic UnitedHealthcare COC/SPD

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Related Coverage Determination Guidelines:

Related Medical Policies:
- Neuropsychological Testing Guidelines Under the Medical Benefit Coverage Determination Guideline, UnitedHealthcare, 2015
- Psychological and Neuropsychological Testing Guidelines, 2016

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting behavioral health benefit plans that are managed by Optum. This Coverage Determination Guideline is also applicable to behavioral health benefit plans managed by PacifiCare Behavioral Health and U.S. Behavioral Health Plan, California (doing business as Optum California (“Optum-CA”). When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee’s document (e.g., Certificates of Coverage (COCs), Schedules of Benefits (SOBs), or Summary Plan Descriptions (SPDs)) may differ greatly from the standard benefit plans upon which this guideline is based. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently, or there is otherwise a conflict between this document and the COC/SPD, the enrollee’s specific benefit document supersedes these guidelines.

All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements that supersede the COC/SPD and the plan benefit coverage prior to use of this guideline. Other coverage determination guidelines and clinical guideline may apply.

Optum reserves the right, in its sole discretion, to modify its coverage determination guidelines and clinical guidelines as necessary.

While this Coverage Determination Guideline does reflect Optum’s understanding of current best practices in care, it does not constitute medical advice.
**Key Points**

- 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 authorization/notification unless otherwise stated in the coverage document (Optum Testing Guidelines, 2016).

- Neuropsychological testing is a set of formal procedures utilizing reliable and valid tests specifically focused on identifying the presence of brain damage, injury or dysfunction and any associated functional deficits.
  - Depending on the nature of the presenting problem and purpose for testing, neuropsychological testing may be covered by the medical or the behavioral health benefit (Optum Testing Guidelines, 2016).
  - Pre-notification is not routinely required by Optum unless otherwise stated in the coverage document (Optum Testing Guidelines, 2016).

- Psychological and neuropsychological testing are components of a psychological or neuropsychological assessment. Testing alone is insufficient for establishing a diagnosis. A psychological or neuropsychological assessment also involves collecting and drawing conclusions from biopsychosocial information obtained via the clinical interview, evaluation, reports and other sources.

- Benefits are available for covered services that are not otherwise limited or excluded (Certificate of Coverage, 2007, 2009, 2011).

- Services should be consistent with evidence-based interventions and clinical best practices as described in this guideline, and should be of sufficient intensity to address the member's needs (Certificate of Coverage, 2007, 2009 & 2011).

**PART I: BENEFITS**

Before using this guideline, please check enrollee’s specific plan document and any federal or state mandates, if applicable.

**Benefits**

Benefits include the following services:

- Diagnostic evaluation and assessment
- Treatment planning
- Referral services
- Medication management
- Individual, family, therapeutic group and provider-based case management services
- Crisis intervention

**Covered Services**

Covered Health Service(s) – 2001
Those health services provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.

A Covered Health Service is a health care service or supply described in Section 1: What's Covered--Benefits as a Covered Health Service, which is not excluded under Section 2: What's Not Covered--Exclusions.

**Covered Health Service(s) – 2007 and 2009**

Those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.
- Consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines as described below.
- Not provided for the convenience of the Covered Person, Physician, facility or any other person.
- Described in this Certificate of Coverage under Section 1: Covered Health Services and in the Schedule of Benefits.
- Not otherwise excluded in this Certificate of Coverage under Section 2: Exclusions and Limitations.

In applying the above definition, "scientific evidence" and "prevailing medical standards" shall have the following meanings:

- "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community.
- "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

**Pre-Service Notification**

- Psychological testing is considered a non-routine outpatient service and requires authorization/notification unless otherwise stated in the coverage document (Optum Testing Guidelines, 2016).
• Depending on the nature of the presenting problem and purpose for testing, neuropsychological testing may be covered by the medical or the behavioral health benefit. Authorization and/or notification are not routinely required by Optum unless otherwise stated in the coverage document (Optum Testing Guidelines, 2016). For more information about authorization and/or notification, please see the Neuropsychological Testing FAQ posted on Optum’s provider website at www.providerexpress.com.

Limitations and Exclusions

The requested service or procedure for the treatment of a mental health condition must be reviewed against the language in the enrollee’s benefit document. When the requested service or procedure is limited or excluded from the enrollee’s benefit document, or is otherwise defined differently, it is the terms of the enrollee’s benefit document that prevails.


Services or supplies for the diagnosis or treatment of Mental Illness that, in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following:

• Not consistent with generally accepted standards of medical practice for the treatment of such conditions.

• Not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and are therefore considered experimental.

• Not consistent with the Mental Health/Substance Use Disorder Designee’s level of care guidelines or best practice guidelines as modified from time to time.

• Not clinically appropriate for the member’s Mental Illness or condition based on generally accepted standards of medical practice and benchmarks.

Additional Information

Psychological and neuropsychological testing benefits must be available under the member’s coverage document, and the request for coverage must be within the terms, limits and exclusions of the member’s coverage document. The following are examples of potential limitations or exclusions (Optum Testing Guidelines, 2016):

• Psychological testing is not covered for the following:
  • Psychological exams required solely for the purposes of school, sports, camp, travel, career or employment, insurance, marriage or adoption.
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- Psychological exams related to judicial or administrative proceedings or orders.
- Psychological exams conducted for purposes of medical research.
- Psychological exams required to obtain or maintain a license of any type.

Neuropsychological testing is not covered for the following:
- Baseline neuropsychological testing in asymptomatic persons to manage potential sport-related concussions
- Computerized neuropsychological testing when used alone to evaluate concussions
- Any of the following conditions alone without other conditions for which neuropsychological testing is proven:
  - Headaches including migraine headaches
  - Myocardial infarction
  - Intermittent Explosive Disorder
  - The Mindstreams® Cognitive Health Assessment for diagnosing dementia or mild cognitive impairment

Please refer to the enrollee’s benefit document for ASO plans with benefit language other than the generic benefit document language.

**PART II: COMMON CRITERIA AND BEST PRACTICES**

The following is common to both Psychological and Neuropsychological Testing (Optum Testing Guidelines, 2016):

1.1. The member is eligible for benefits.

AND

1.2. The member’s condition and proposed services are covered by the benefit plan.

AND

1.3. Services are within the scope of the provider’s professional training and licensure, and test user’s qualifications.

AND

1.4. Services are:

1.4.1. Consistent with generally accepted standards of clinical practice.

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1 The phrase “test user’s qualifications” refers to the combination of knowledge, skills, ability, training, experience and practice credentials, and is what the American Psychological Association considers desirable for the responsible use of psychological tests.
1.4.2. Consistent with services backed by credible research soundly demonstrating that the services will have a measurable and beneficial health outcome, and are therefore not considered experimental.

1.4.3. Consistent with Optum’s best practice guidelines.

1.4.4. Clinically appropriate for the member’s mental health/substance use disorder based on generally accepted standards of clinical practice and benchmarks.

AND

1.5. Prior to testing, a clinical evaluation of the member is completed by a behavioral health or medical professional who is the referring provider or the psychologist conducting the psychological assessment.

1.5.1. The member’s condition cannot be conclusively assessed with a standard clinical evaluation due to the nature of the member’s signs and symptoms and/or psychosocial and environmental factors (i.e., the “why now” factors leading to the request for testing). Examples include:

1.5.1.1. A differential diagnosis between more than one behavioral health condition or between a behavioral health and a medical condition cannot be made.

1.5.1.2. The member presents with atypical symptoms.

2. Clinical Best Practices

2.1. The clinical evaluation completed prior to testing:

2.1.1. Identifies specific, outstanding clinical questions that must be answered by testing in order to establish the member’s diagnosis or inform the treatment plan;

2.1.2. Verifies that outstanding clinical questions cannot be answered by the clinical evaluation; and

2.1.3. Informs the test battery.

2.2. The tests in the battery and the number of hours requested are appropriate to answer specific clinical questions that could not be answered by the clinical evaluation.

2.2.1. The number of hours includes the total time necessary to complete face-to-face administration, scoring, interpretation, and report writing up to 150% of the standard administration time recommended by the test publisher. A request in excess of 150% of the standard administration time is supported by extenuating circumstances with evidence submitted by the provider. Examples of extenuating circumstances include:

2.2.1.1. The member has significant functional impairment.
2.2.1.1.1. Examples include but are not limited to: sensory deficits and/or physical disabilities which necessitate modification in standard administration procedures, severe oppositional behavior, attentional deficits or developmental disabilities which require the examiner to provide frequent re-direction and/or breaks for the member during testing. Note: Testing should not be conducted if extenuating circumstances such as these are so severe that it could reasonably pose a threat to the reliability or validity of test results.

2.2.1.2. The member has an intellectual disability.

2.2.2. At least one (1) hour of service (i.e., 1 unit) is required.

2.3. The member has abstained from using alcohol or drugs for at least six (6) weeks prior to testing, or however long is required for results to be usefully interpretable.

2.4. Tests are administered in a variety of face-to-face formats including paper-and-pencil, computer, and visual aids.

2.5. The provider monitors administration to ensure that the member is giving sufficient effort and attention to completing the test battery so as to ensure a valid and reliable measure is obtained.

2.6. There is a rationale for re-testing if testing was completed within the last six (6) months such as re-testing needed to measure changes in functional impairment or disease progression (e.g., acute head injury, stroke, speech, motor or sensory dysfunction).

PART III: COVERAGE CRITERIA AND BEST PRACTICES

1. Psychological Testing (CPT Codes 96101, 96102, 96103)

1.1. (See Common Criteria for Psychological and Neuropsychological Testing)

AND

1.2. The provider’s professional training and licensure include any of the following:

1.2.1. A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience.

1.2.2. A psychometrist or psychometrician who administers and scores psychological tests under the supervision of a licensed doctoral-level psychologist, and whose services are billed by the supervising psychologist.

1.2.2.1. The supervising psychologist must have face-to-face contact with the member at intake and during the feedback session.
1.2.2.2. The supervising psychologist is also responsible for final test interpretation, report writing and final signature of approval.

1.2.3. A Masters-degreed behavioral health professional whose licensure specifically allows for provision of psychological testing services.

1.2.3.1. The Masters-degreed provider has professional expertise in the types of tests/assessments being administered.

1.2.3.2. The Masters-degreed provider is conducting test administration, scoring, and interpretation in accordance with licensing standards and psychological testing professional and ethical standards.

2. Clinical Best Practices

2.1. (See Common Clinical Best Practices for Psychological and Neuropsychological Testing)

AND

2.2. Psychological testing related to the treatment of chronic pain may be conducted when:

2.2.1. There is a need to further assess mood and personality characteristics which may influence the member’s experience or perception of the basis or tolerance of pain, as well as the member’s ability to cope with his/her pain; or

2.2.2. When the member shows changes in cognitive or intellectual functioning after the long-term use of alcohol, street or prescription drugs, or upon the discontinuation of, or non-response to pain-relieving or psychotropic medications.

2.3. Psychological testing as a component of pre-surgical evaluation may be conducted to rule out behavioral health conditions that could contraindicate surgery, to determine the member’s ability to understand the related risks and benefits of surgery, and/or to evaluate the member’s ability to participate responsibly in post-surgical recovery behaviors and lifestyle changes.

1. Neuropsychological Testing (CPT Codes 96118, 96119, 96120)

1.1. (See Common Criteria for Psychological and Neuropsychological Testing)

AND

1.2. Neuropsychological testing is within the scope of the provider’s professional training and licensure when the provider is any of the following:
1.2.1. A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience.

1.2.2. A psychometrist or psychometrician who administers and scores psychological tests under the supervision of a licensed doctoral-level psychologist, and whose services are billed by the supervising psychologist.

1.2.2.1. The supervising psychologist must have face-to-face contact with the member at intake and during the feedback session.

1.2.2.2. The supervising psychologist is also responsible for final test interpretation, report writing and final signature of approval.

1.2.3. A credentialed psychiatrist attests to meeting the following requirements:

1.2.3.1. Recognized certification in neurology through the American Board of Psychiatry and Neurology; or

1.2.3.2. Accreditation in behavioral neurology and neuropsychiatry through the American Neuropsychiatric Association;

1.2.3.3. State medical licensure does not include provisions that prohibit neuropsychological testing service;

1.2.3.4. Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested;

1.2.3.5. Physician and supervised psychometrician adhere to the prevailing national professional and ethical standards regarding test administration, scoring and interpretation.

2. Clinical Best Practices

2.1. (See Common Clinical Best Practices for Psychological and Neuropsychological Testing)

AND

2.2. Medical application of Neuropsychological testing may be covered under the medical benefit for members with the following conditions or testing needs:

2.2.1. Attention-deficit/hyperactivity disorder (ADHD) when all of the following are present:

2.2.1.1. Specific neurocognitive behavioral deficits related to ADHD need to be evaluated.

2.2.1.2. Testing related or secondary to a known or suspected organic medical condition resulting from brain injury or disease process (e.g., concussion, intractable seizure disorder, cancer treatment effects, genetic disorders, and inborn errors of metabolism).
2.2.2. Developmental testing (CPT codes 96110 and 96111) is an adjunct to the routine surveillance for developmental delays in young children. This procedure is often conducted by a developmental pediatrician, or a speech, language, physical or occupational therapist. It is not considered a form of psychological testing, and is not typically covered under the behavioral health benefit.

2.2.3. The Wada hemispheric activation test (CPT code 95958) is an open brain pre-surgical procedure where neuropsychological tests are administered along with EEG monitoring to determine the hemisphere of the brain responsible for cognitive functions such as speech and memory. The neuropsychological testing component is sometimes billed using the 95958 CPT code, or may be billed using the 96118 neuropsychological testing CPT code. The neuropsychological testing component of the Wada test may be covered as a medical benefit.

2.2.4. Confirming space-occupying brain lesions such as:
   2.2.4.1. Brain abscess
   2.2.4.2. Brain tumors
   2.2.4.3. Arteriovenous malformations within the brain

2.2.5. Dementia or symptoms of dementia such as memory impairment or memory loss (including extrapyramidal disorders such as Parkinson’s disease) associated with a new onset or progressive memory loss and a decline in at least one of the following domains:
   2.2.5.1. Complex attention
   2.2.5.2. Executive function
   2.2.5.3. Learning and memory
   2.2.5.4. Language
   2.2.5.5. Perceptual-motor
   2.2.5.6. Social cognition

2.2.6. Demyelinating disorders including multiple sclerosis

2.2.7. Intellectual Disability (Intellectual Developmental Disorder) when all of the following are present:
   2.2.7.1. The Intellectual Disability is associated with a known or suspected medical cause (e.g., traumatic brain injury, in utero toxin exposure, early seizure disorder, sickle cell disease, genetic disorders).
   2.2.7.2. The Intellectual Disability meets all of the following criteria:
2.2.7.2.1. Deficits in intellectual function, such as reasoning, problem solving, planning, experience, confirmed by both clinical assessment and individualized, standardized intelligence testing

2.2.7.2.2. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily living, such as communication, social participation, and independent living across multiple environments, such as home, school, work and community

2.2.7.2.3. Onset of intellectual and adaptive deficits during the developmental period

2.2.7.2.4. Encephalopathy including acquired immunodeficiency syndrome (AIDS) encephalopathy, human immunodeficiency virus (HIV) encephalopathy, hepatic encephalopathy, Lyme disease encephalopathy including neuroborreliosis, Wernicke's encephalopathy and systemic lupus erythematosus (SLE) encephalopathy.

2.2.7.2.5. Neurotoxin exposure with at least one of the following:

   2.2.7.2.5.1. Demonstrated serum levels of neurotoxins

   2.2.7.2.5.2. Individual with documented significant prenatal alcohol, drug, or toxin exposure

2.2.7.2.6. Seizure disorder including members with epilepsy and members being considered for epilepsy surgery

2.2.7.2.7. Stroke or more than one (1) transient ischemic attack

2.2.7.2.8. Traumatic brain injury (TBI)

2.2.8. Neuropsychological testing is unproven for the following:

   2.2.8.1. Baseline neuropsychological testing in asymptomatic members to manage sport-related concussions.

   2.2.8.2. Computerized neuropsychological testing when used alone to evaluate concussions.

   2.2.8.3. Any of the following conditions alone without other conditions for which neuropsychological testing is proven:

      2.2.8.3.1. Headaches including migraine headaches

      2.2.8.3.2. Myocardial infarction

      2.2.8.3.3. Intermittent Explosive Disorder
2.2.8.3.4. The Mindstream® Cognitive Health Assessment for diagnosing dementia or mild cognitive impairment

**PART V: ADDITIONAL RESOURCES**

**Clinical Protocols**

Optum maintains clinical protocols that include the Level of Care Guidelines and Best Practice Guidelines which describe the scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding treatment. These clinical protocols are available to Covered Persons upon request, and to Physicians and other behavioral health care professionals on providerexpress.com

**Peer Review**

Optum will offer a peer review to the provider when services do not appear to conform to this guideline. The purpose of a peer review is to allow the provider the opportunity to share additional or new information about the case to assist the Peer Reviewer in making a determination including, when necessary, to clarify a diagnosis

**Second Opinion Evaluations**

Optum facilitates obtaining a second opinion evaluation when requested by an enrollee, provider, or when Optum otherwise determines that a second opinion is necessary to make a determination, clarify a diagnosis or improve treatment planning and care for the member.

**Referral Assistance**

Optum provides assistance with accessing care when the provider and/or enrollee determine that there is not an appropriate match with the enrollee’s clinical needs and goals, or if additional providers should be involved in delivering treatment.

**PART VI: DEFINITIONS**

**Diagnostic and Statistical Manual of the American Psychiatric Association (DSM)** A manual produced by the American Psychiatric Association which provides the diagnostic criteria for mental health and substance use disorders, and other problems that may be the focus of clinical attention. Unless otherwise noted, the current edition of the DSM applies.

**Prevailing Medical Standards and Clinical Guidelines** means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

**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.
Neuropsychological Testing is a set of formal procedures utilizing reliable and valid tests specifically focused on identifying the presence of brain damage, injury or dysfunction and any associated functional deficits.

PART VII: REFERENCES


PART VIII: CODING

The Current Procedural Terminology (CPT) codes and HCPCS codes listed in this guideline are for reference purposes only. Listing of a service code in this guideline does not imply that the service described by this code is a covered or non-covered health service. Coverage is determined by the benefit document.

<table>
<thead>
<tr>
<th>Limited to specific CPT and HCPCS codes?</th>
<th>X Yes □ No</th>
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<tbody>
<tr>
<td>96101, 96102, 96103</td>
<td>Psychological Testing</td>
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<tr>
<td>96118, 96119, 96120</td>
<td>Neuropsychological Testing</td>
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<tr>
<td>96116</td>
<td>Initial Neuropsychological Assessment/1 hour Neurocognitive Evaluation</td>
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<tr>
<td>96102</td>
<td>Services delivered by psychometrist/psychometrician</td>
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<tr>
<td>95958</td>
<td>Wada Hemispheric Evaluation</td>
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Limited to specific diagnosis codes? □ Yes X No

Limited to place of service (POS)? □ Yes X No

Limited to specific provider type? X Yes □ No

- Independently State Licensed Doctoral Level Psychologist
  Can administer, score, write and sign testing reports and can supervise Psychometrists/Psychometricians

- Psychometrist/Psychometrician
  Under supervision of state licensed, doctoral level psychologist and can administer and score, but may not interpret tests

- Master’s Level Practitioner
  With or without psychology licensure but must follow state psychological testing licensure, training and expertise provisions

- Doctoral Level Non-Psychologist
  Must follow state psychological testing licensure, training and expertise provisions

- Psychiatrist
  Must have recognized certification in neurology, ABPN or ANPA accreditation in order to qualify for neuropsychological testing, scoring and interpretation coverage consideration.

Limited to specific revenue codes? X Yes □ No

PART IX: HISTORY

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<thead>
<tr>
<th>Revision Date</th>
<th>Name</th>
<th>Revision Notes</th>
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<tbody>
<tr>
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<td>L. Urban</td>
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