



# PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING GUIDELINES

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## INTRODUCTION

The *Psychological and Neuropsychological Testing Guidelines* is a set of objective and evidence-based behavioral health criteria used by medical necessity plans to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing<sup>1</sup> for behavioral health benefit plans that are managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)).

The *Psychological and Neuropsychological Testing Guidelines* is derived from generally accepted standards of practice for psychological and neuropsychological testing. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). The *Psychological and Neuropsychological Testing Guidelines* is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

**Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.**

## GUIDING PRINCIPLES

We enable the system of care to become more engaging, effective and affordable by way of three core competencies or “pillars”: Care Advocacy, Service System Solutions, and Information Management & Technology. Engagement, evidence-based practices, as well as recovery, resilience, and wellbeing are integral to each of the pillars.

### Pillar One: Care Advocacy

Care Advocacy is a means for intervening on behalf of members living with a behavioral health issue. We improve the experience of members living in the communities we serve, using our managed care tools and techniques to support wellbeing.

We use Utilization Management and the Psychological and Neuropsychological Testing Guidelines in a focused and time-limited manner to accomplish a specific sustained and measured improvement in provider practice. When that purpose is accomplished we stop. We consider the member’s presenting symptoms, clinical history, and

<sup>1</sup> The terms “recovery” and “resiliency” are used throughout the Psychological and Neuropsychological Testing Guidelines. SAMHSA defines “recovery” as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA defines “resilience” as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines “recovery” as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.

biopsychosocial factors, and authorize services the provider can offer to meet the member's immediate needs and preferences, and support the member's broader recovery, resiliency and wellbeing goals. Using Utilization Management and the Psychological and Neuropsychological Testing Guidelines reduces undesirable variation from evidence-based practice. This is key to improving quality and affordability.

### **Pillar Two: Service System Solutions**

The purpose of service system management is to improve the structure of, access to, and the practice within systems of care.

We develop and sustain systems of care including services to manage crises and to facilitate recovery, resiliency, and wellbeing. The Psychological and Neuropsychological Testing Guidelines is used to promote access to providers who can safely, efficiently and effectively conduct psychological and neuropsychological testing when the results of a clinical diagnostic interview are inconclusive and additional information that can be derived from testing is needed to establish the member's diagnosis or otherwise inform the treatment plan.

At the system level, the information and decisions derived from using the Psychological and Neuropsychological Testing Guidelines provides us with a source of information that is used to align incentives, partner with providers and improve quality and affordability.

### **Pillar Three: Information Management and Technology**

The purpose of Information Management & Technology is to empower staff, providers and members living with a behavioral health issue to create a more engaging, effective and affordable healthcare experience and to empower members in their recovery, resiliency, and pursuit of wellbeing.

At the member level, the Psychological and Neuropsychological Testing Guidelines provides a consistent structure for collecting case information which allows us to confirm that services offered by the provider can meet a member's immediate needs, identify alternatives that exist in the service system to meet those needs, and foster the development of a person-centered plan.

At the system level, the information and decisions derived from using the Psychological and Neuropsychological Testing Guidelines provides us with aggregate information which allows us to better understand our members' needs and experiences with the system of care. This information is used to evaluate and improve the adequacy of the service system.

## **DEVELOPMENT AND APPROVAL, DISSEMINATION, AND USE**

The Psychological and Neuropsychological Testing Guidelines is supported by written policies that govern their development, dissemination and use.

### **Development and Approval**

Optum uses a three-stage process to develop the Psychological and Neuropsychological Testing Guidelines:

1. **Draft Development:** The Psychological and Neuropsychological Testing Guidelines is updated annually to reflect changes to the network, advances in evidence-based practice, regulatory requirements, and other opportunities to improve the quality of the Psychological and Neuropsychological Testing Guidelines.
2. **Stakeholder Input:** The Psychological and Neuropsychological Testing Guidelines is further shaped by input is solicited from clinical personnel, providers, professional specialty societies, members, and regulators.
3. **Committee Approval:** The final draft is presented to the Behavioral Policy & Analytics Committee for approval.

OHBS-CA works with Optum to update the Psychological and Neuropsychological Testing Guidelines to reflect changes to the network, advances in evidence-based practice, regulatory requirements, and other opportunities to improve the quality of the Psychological and Neuropsychological Testing Guidelines. OHBS-CA works with Optum to solicit input from OHBS-CA's Medical Director and other clinical personnel, providers, members, and regulators. The final draft of the Psychological and Neuropsychological Testing Guidelines is presented to the OHBS-CA Quality Improvement Committee for approval, and the approved draft is presented to the OHBS-CA Board of Directors for final approval.

### **Dissemination**

The Psychological and Neuropsychological Testing Guidelines is available to personnel, providers and members on Optum's websites. Printed copies are provided upon request.

## Use and Limitations

Care Advocates use the Psychological and Neuropsychological Testing Guidelines when making medical necessity determinations and as guidance when providing referral assistance. Services are medically necessary<sup>2</sup> when they are provided for the purpose of preventing, evaluating, diagnosing or treating a mental illness or substance use disorder, or its symptoms that are all of the following as determined by us or our designee, within our sole discretion:

1. In accordance with Generally Accepted Standards of Medical Practice.
2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the mental illness, substance use disorder, or its symptoms.
3. Not mainly for the member's convenience or that of the member's doctor or other health care provider.
4. Not more costly than an alternative drug, service, or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the member's mental illness, substance use disorder, or its symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. We reserve the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be within our sole discretion.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services. These clinical policies (as developed by us and revised from time to time), are available to Covered Persons on Optum's member web site or by calling the telephone number on the Covered Person's ID card. They are available to Physicians and other health care professionals on Optum's provider website or by calling the telephone number on the Covered Person's ID card.

Care Advocates use the Psychological and Neuropsychological Testing Guidelines when making medical necessity determinations and as guidance when providing referral assistance. Determinations of medical necessity are determinations whether the benefit plan will pay for any portion of the cost of a health care service, and so are decisions that are for payment purposes only. The member and the member's provider make decisions about the actual treatment the member will receive, and so we do not dictate treatment. When making determinations about medical necessity we use the information provided to us to ascertain whether services are in accordance with standards of practice, are clinically appropriate, not mainly for convenience, and whether services are cost-effective and provided in the least restrictive environment.

Peer Reviewers use the Psychological and Neuropsychological Testing Guidelines when staffing a case, conducting a peer review, and as a basis for adverse medical necessity determinations. Personnel use the information and decisions derived from using the Psychological and Neuropsychological Testing Guidelines to identify opportunities to improve the adequacy of the service system.

Staff must first identify enrollee eligibility, any federal or state regulatory requirements that supersede the Psychological and Neuropsychological Testing Guidelines and the plan benefit coverage prior to use of this guideline. Other clinical guidelines may apply.

The Psychological and Neuropsychological Testing Guidelines is used flexibly, and is intended to augment – but not replace – sound clinical judgment. Use is informed by the unique aspects of the case, the member's benefit plan, services the provider can offer to meet the member's immediate needs and preferences, alternatives that exist in the service system to meet those needs, and the member's broader recovery, resiliency and wellbeing goals.

Exceptions may be made to the Psychological and Neuropsychological Testing Guidelines such as when there is a superseding contractual requirement or regulation, or when a Medical Director authorizes a case-specific exception from using evidence-based treatment when the member's condition has not responded to treatment as anticipated.

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<sup>2</sup> The definition of medical necessity may vary by health plan or payor. However, most definitions of medical necessity center around care that is essential and appropriate.

It is expected that exceptions be carefully thought out, documented and approved by the responsible level of management. It is also expected that an effort will be made to work with the provider to identify an appropriate level of care and forms of treatment that are most likely to be effective.

While the Psychological and Neuropsychological Testing Guidelines do reflect Optum's understanding of current best practices in care, it does not constitute medical advice.

Optum reserves the right, in its sole discretion, to modify the Psychological and Neuropsychological Testing Guidelines as necessary.

Psychological testing is considered a non-routine outpatient service and requires authorization/notification unless otherwise stated in the coverage document.

Authorization and/or notification for neuropsychological testing are not routinely required by Optum unless otherwise stated in the coverage document. For more information about authorization and/or notification, please see the Neuropsychological Testing FAQ posted on Optum's provider website at [www.providerexpress.com](http://www.providerexpress.com).

A testing request may be submitted by fax or mail using the Psychological and Neuropsychological Testing Request Form. Staff can access the form on the Optum intranet site. Providers may access the form on [providerexpress.com](http://providerexpress.com). A testing request may also be submitted by calling the phone number for behavioral health services on the member's insurance card.

## EVIDENCE-BASED CLINICAL GUIDELINES

### COMMON ADMISSION CRITERIA FOR TESTING

- The member is eligible for benefits.  
AND
- The member's condition and proposed services are covered by the benefit plan.  
AND
- Services are within the scope of the provider's professional training and licensure, and test user's qualifications.  
AND
- Services are:
  - Consistent with generally accepted standards of clinical practice;
  - Consistent with services back by credible research soundly demonstrating that the services will have a measurable and beneficial health outcome, and are therefore not considered experimental;
  - Clinically appropriate for the member's mental health/substance use disorder, based on generally accepted standards of clinical practice and benchmarks.AND
- 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.
  - 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 psychological and environmental factors (i.e., the factors leading to the request for testing). Examples include:
    - A differential diagnosis between more than one behavioral health condition or between a behavioral health and a medical condition cannot be made.
    - The member presents with atypical symptoms.

### COMMON CLINICAL BEST PRACTICES FOR TESTING

- The clinical evaluation completed prior to testing:
  - Identifies specific, outstanding clinical questions that must be answered by testing in order to establish the member's diagnosis or inform the treatment plan.
  - Verifies that outstanding clinical questions cannot be answered by the clinical evaluation.
  - Informs the test battery.
- 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.
  - 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 the following:
    - The member has significant functional impairment. 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.

- The member has an intellectual disability.
  - At least one (1) hours of service (i.e., 1 unit) is required.
- 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.
- Tests are administered in a variety of face-to-face formats, including paper-and-pencil, computer, and visual aids.
- 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.
- 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).

### **PSYCHOLOGICAL TESTING ADMISSION CRITERIA AND CLINICAL BEST PRACTICES**

- See above common admission criteria and common clinical best practices for testing.  
AND
- The provider's professional training and licensure include any of the following:
  - A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience.
  - 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.
    - The supervising psychologist must have face-to-face contact with the member at intake and during the feedback session.
    - The supervising psychologist is also responsible for final test interpretation, report writing, and final signature of approval.
  - A masters-degreed behavioral health professional whose licensure specifically allows for provision of psychological testing services.
    - The masters-degreed provider has professional expertise in the types of tests/assessments being administered.
    - The masters-degreed provider is conducting test administration, scoring and interpretation in accordance with licensing standards and psychological testing professional and ethical standards.
- Psychological testing related to the treatment of chronic pain may be conducted when:
  - 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
  - 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.
- 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.

### **NEUROPSYCHOLOGICAL TESTING ADMISSION CRITERIA AND CLINICAL BEST PRACTICES**

- See above common admission criteria and common clinical best practices for testing.  
AND
- Neuropsychological testing is within the scope of the provider's professional training and licensure when the provider is any of the following:
  - A doctoral-level psychologist who is licensed to practice independently, and demonstrates sufficient training and experience.
  - 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.

- The supervising psychologist must have face-to-face contact with the member at intake and during the feedback session.
    - The supervising psychologist is also responsible for final test interpretation, report writing, and final signature of approval.
  - A credentialed psychiatrist who meets the following requirements:
    - Recognized certification in neurology through the American Board of Psychiatry and Neurology;
    - Accreditation in behavioral neurology and neuropsychiatry through the American Neuropsychiatric Association;
    - State medical licensure specifically allowing for the provision of neuropsychological testing service(s);
    - Evidence of professional training and expertise in the specific tests and/or assessment measures for which authorization is requested;
    - Physician and supervised psychometrician(s) adhere to the prevailing national professional and ethical standards regarding test administration, scoring, and interpretation.
- Medical application of Neuropsychological testing may be covered under the medical benefit for members with the following conditions when the result of testing will influence clinical decision making (for more information, see [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) > Tools & Resources > Policies, Protocols and Guides > Medical & Drug Policies and Coverage Determination Guidelines - Commercial > Neuropsychological Testing Under the Medical Benefit):
  - Attention-deficit/hyperactivity disorder (ADHD) when all of the following are present:
    - Specific neurocognitive behavioral deficits related to ADHD need to be evaluated AND
    - Testing has been recommended by a physician and is 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, inborn errors of metabolism)  
*The scope of these criteria is applicable only to neuropsychological testing that is covered by the medical benefit. These criteria do not apply to evaluate or determine educational interventions.*
  - Confirmed space-occupying brain lesion including but not limited to the following:
    - Brain abscess;
    - Brain tumors;
    - Arteriovenous malformations within the brain.
  - Dementia or symptoms of dementia such as memory impairment or memory loss (including extrapyramidal disorders such as Parkinson's disease) that is associated with a new onset or progressive memory loss and a decline in at least one of the following cognitive domains (DSM-5):
    - Complex attention;
    - Executive function;
    - Learning and memory;
    - Language;
    - Perceptual-motor;
    - Social cognition.
  - Demyelinating disorders, including multiple sclerosis
  - Intellectual disability or intellectual developmental disorder, when all of the following are present:
    - The intellectual disability or intellectual developmental disorder 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) AND
    - The intellectual disability or intellectual developmental disorder meets all of the following criteria (DSM-5):
      - Deficits in intellectual function, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing; AND
      - 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 life, such as communication, social participation, and independent living across multiple environments, such as home, school, work and community;
      - Onset of intellectual and adaptive deficits during the developmental period

*The scope of these criteria is applicable only to neuropsychological testing that is covered by the medical benefit. These criteria do not apply to evaluate or determine educational interventions.*

- 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.
  - Neurotoxin exposure with at least one of the following:
    - Demonstrated serum levels of neurotoxins
    - Individual with documented significant prenatal alcohol, drug, or toxin exposure
  - Seizure disorder, including patients with epilepsy and patients being considered for epilepsy surgery
  - Stroke
  - Traumatic brain injury (TBI): TBI is defined as a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.
- Neuropsychological testing is unproven and not medically necessary for the following (for more information, see [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) > Tools & Resources > Policies, Protocols and Guides > Medical & Drug Policies and Coverage Determination Guidelines - Commercial > Neuropsychological Testing Under the Medical Benefit):
    - Baseline neuropsychological testing in asymptomatic persons at risk for sport-related concussions
    - Computerized neuropsychological testing when used alone for evaluating concussions
    - Neuropsychological testing for the following diagnoses alone without other covered conditions as noted above:
      - Headaches, including migraine headache;
      - History of myocardial infarction;
      - Intermittent explosive disorder.
    - Computerized cognitive testing, such as Mindstreams<sup>®</sup> Cognitive Health Assessment and BrainCare<sup>™</sup>.

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\*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines

## HISTORY/REVISION INFORMATION

Date	Action/Description
01/10/2017	• Version 1
02/07/2018	• Version 2