



United Behavioral Health

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 for behavioral health benefit plans managed by Optum®¹ and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California ("Optum-CA")).

INSTRUCTIONS FOR USE

This guideline is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. When deciding coverage, the member's specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using this guideline. 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 guideline and the member's specific benefit, the member's specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in *Clinical Criteria*.

This guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

¹ Optum is a brand used by United Behavioral Health and its affiliates.

COMMON CRITERIA

Admission Criteria

- Services are medically necessary² defined as:
 - Consistent with generally accepted standards of clinical practice;
 - Consistent with services backed by credible research soundly demonstrating that the service(s) will have a measurable and beneficial health outcome, and are therefore not considered experimental;
 - Consistent with Optum's best practice guidelines;Clinically appropriate for the member's behavioral health conditions 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

- 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 total number of units of service time 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, plus service time for testing feedback. Interpretive feedback session should not require more than one hour service time in most cases. Additional units for an extended feedback session should be supported by the clinical circumstances. A request in excess of 150% of the standard administration time plus feedback 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 unit of evaluation time and at least one unit of administration time i.e., 1 unit 96130 or 96132 plus 1 unit 96136 or 96138 is required for Psychological or Neuropsychological Testing

² There may be variations of the definition of Medical Necessity according to unique contractual or regulatory requirements.

- At least two (2) validated tests are required for psychological or neuropsychological testing. Administration of two or more subtests from the same instrument does not meet this requirement.
- Maximum of one (1) automated instrument with automated scoring and interpretation is allowed for Automated Testing.
- Both Test Evaluation codes and Test Administration and Scoring codes must be requested together for psychological or neuropsychological testing
- The number of units Test Administration and Scoring should be consistent with the proposed tests to be administered for the battery. Requests for Test Evaluation Services that significantly exceed Test Administration and Scoring services must be supported by the clinical circumstances and documented.
- Test Evaluation codes and Test Administration and Scoring codes may not be combined with Automated Testing.
- Psychological Test Evaluation Services (96130/96131) or Neuropsychological Test Evaluation Services (96132/96133) must be selected. A “first hour” of Test Evaluation Services cannot be billed twice using both the 96130 and 96132 codes for the same episode of testing.
- 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 methods including 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

Psychological Test Evaluation Services is a set of formal procedures utilizing reliable and validated tests designed to measure areas of intellectual, cognitive emotional, and behavioral functioning, in addition to identifying psychopathology, personality style, interpersonal processes, and adaptive skills. Service activities can include test selection, review of records, consultation with referral source, integration of clinical data, clinical decision making, preparation of the testing report, and reviewing the results of testing with member and/or caregivers.

Admission Criteria and Clinical Best Practices

- 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 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.

Test Administration and Scoring is the formal process of administering reliable and validated tests selected by the doctoral-level psychologist or qualified masters-degreed provider according to standardized test manual instructions and scoring the respondents answers to test items.

Admission Criteria and Clinical Best Practices

- 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

Neuropsychological Test Evaluation Services 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.

Admission Criteria and Clinical Best Practices

- 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 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.

Test Administration and Scoring is the formal process of administering reliable and validated tests selected by the doctoral-level psychologist or qualified masters-degreed provider according to standardized test manual instructions and scoring the respondents answers to test items.

Admission Criteria and Clinical Best Practices

- Neuropsychological Test Administration and Scoring 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 > [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 > [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[®] Cognitive Health Assessment, BrainCare[™] and QbTest.

AUTOMATED TESTING AND RESULT

Automated Testing and Result is primarily a method of screening for potentially clinically significant intellectual, cognitive, emotional, and behavioral symptoms or functional deficits that utilizes a single reliable and validated instrument that has automated administration, scoring and interpretation. Automated Testing may also be used to quickly estimate changes in clinical status over time either as a method of obtaining an objective measure of progress in treatment or periodic objective surveillance of known risk issues.

Admission Criteria and Clinical Best Practices

- Automated Testing and Result 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 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.
 - 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.

DEVELOPMENTAL TESTING, ASSESSMENT OF APHASIA, COGNITIVE PERFORMANCE TESTING

- Assessment of Aphasia (96105) is the evaluation of expressive and receptive speech and language function, language comprehension, speech production ability, spelling or writing with interpretation and report per hour. This procedure is often conducted by a speech language therapist. It is not considered a form of psychological testing and is not typically covered under the behavioral health benefit.
- Standardized cognitive performance testing (96125) is an occupational therapy assessment used to assess capacity to function in activities of daily living. It is not considered a form of psychological or neuropsychological testing and is not typically covered under the behavioral health benefit.
- Developmental Testing (96110, 96112, 96113, 96127) 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.

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REVISION HISTORY

Date	Action/Description
03/22/2004	<ul style="list-style-type: none">Version 1. Revision histories for pre-2004 iterations not known.
01/19/2016	<ul style="list-style-type: none">Version 13. Annual review.
01/10/2017	<ul style="list-style-type: none">Version 14. Annual review. New format.
02/07/2018	<ul style="list-style-type: none">Version 15. Annual review.
06/13/2018	<ul style="list-style-type: none">Version 16. Mid-cycle review. New format. Updates based on additional guidance from Medicare as well as input.
02/12/2019	<ul style="list-style-type: none">Version 17. Annual review. Updates based on input and CPT coding changes.