

NMNC 5.502.04 Psychological and Neuropsychological Testing

Psychological and neuropsychological testing is the use of standardized assessment tools to gather information relevant to a member's intellectual, cognitive, and psychological functioning. Psychological testing helps determine differential diagnosis and assesses overall psychological and neuropsychological functioning. Testing results should inform subsequent treatment planning. A licensed psychologist performs psychological testing, either in independent practice as a health services provider, or in a clinical setting. Psychology doctoral candidates may test members and interpret test results, provided the evaluation is conducted in a clinical setting, and that the testing is directly supervised and co-signed by a qualified licensed psychologist. Psychology assistants **may not** test members under the supervision of a psychologist in an independent practice setting. Neuropsychological testing is most often utilized for members with cognitive impairments that impede functioning on a day-to-day basis.

All testing is subject to the criteria below. However, the following guidelines address the most common testing issues:

- Testing is approved only for licensed psychologists and other clinicians for whom testing falls within the scope of their clinical license and have specialized training in psychological and/or neuropsychological testing.
- **Educational testing** is not a covered benefit, though this may be subject to state and account-specific arrangements. Assessment of possible learning disorder or developmental disorders is provided by school system per federal mandate PL 94-142.
- When **neuropsychological testing** is requested secondary to a clear, documented neurological injury or other medical/neurological condition (i.e., stroke, traumatic brain injury, multiple sclerosis), it may be referred to the medical health plan, though this determination may be subject to state and account-specific guidelines. A neurology consult may be required prior to issuing the request.
- All tasks involving **projective testing** must be performed by a licensed psychologist or other licensed clinician, qualified via specialized training in projective testing and practicing under the scope of their licensure. A psychiatric consult is sufficient for most ADHD diagnostic determinations and psychological testing is typically not required.
- Testing requested by the legal or school system is not generally a covered benefit, unless specified by state regulations or account-specific arrangements.

Admission Criteria	Criteria for Tests	Non-Reimbursable Tests
<p>The following criteria must apply:</p> <p>For Psychological Testing, all criteria 1 – 6 must be met; for Neuropsychological Testing, #7 must also be met:</p> <p>1) Request for testing is based on need for at least one of the following:</p> <ol style="list-style-type: none"> a. differential diagnosis of mental health condition unable to be completed by traditional assessment; or b. diagnostic clarification due to a recent change in mental status for appropriate level of care determination/treatment needs due to lack of standard treatment response; or c. if testing request is a repeat of prior psychological testing, clinical situation must represent one of the following: <ul style="list-style-type: none"> • clinically significant change in member's status (i.e., worsening or new symptoms or findings); or • other need for interval reassessment that will inform treatment 	<p>Both of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Tests must be published, valid, and in general use as evidenced by their presence in the current edition of <u>Tests in Print IX</u>, or by their conformity to the <i>Standards for Educational and Psychological Tests</i> of the American Psychological Association; and 2) Tests are administered individually and are tailored to the specific diagnostic 	<p>Only one of the following criteria must be met for a test to be non-reimbursable.</p> <ol style="list-style-type: none"> 1) Self-rating forms and other paper and pencil instruments, unless administered as part of a comprehensive battery of tests, (e.g., <i>MMPI</i> or <i>PIC</i>) as a general rule; or 2) Group forms of intelligence tests; or 3) Short form, abbreviated, or "quick" intelligence tests administered at the same time as the <i>Wechsler</i> or <i>Stanford-Binet</i> tests; or 4) A repetition of any psychological test or tests provided to the same individual within the preceding six months, unless documented that the purpose of the repeated testing is to

<p>plan</p> <ol style="list-style-type: none"> Results of proposed testing are likely to inform care or treatment of member (i.e., contribute substantially to modification of a rehabilitation or treatment plan) Results expected to help answer question that medical, neurologic, or psychiatric evaluation, diagnostic testing, observation in therapy, or other assessment cannot Member is able to participate as needed such that proposed testing is likely to be feasible (i.e., appropriate mental status, intellectual abilities, language skills) No active use, withdrawal, or in process of recovery from chronic substance use Diagnostic evaluations completed (e.g., CT scan, MRI,) including psychosocial functioning), unless subject to state regulation or account-specific arrangements The member is experiencing cognitive or behavioral impairments, and the member's condition presents a significant cognitive deficit, mental status abnormality, behavioral change, or memory loss that requires quantification, monitoring of change, or differentiation of cause (e.g., organic cognitive vs psychiatric disease). 	<p>questions of concern</p>	<p>ascertain changes, including <i>one</i> of the following factors:</p> <ul style="list-style-type: none"> following such special forms of treatment or intervention, such as ECT; or relating to suicidal, homicidal, toxic, traumatic, or neurological conditions; or as specified in Admission Criteria 1.c. <ol style="list-style-type: none"> Tests for adults that fall in the educational arena or in the domain of learning disabilities; or Testing that is mandated by the courts, Department of Children's Services or other social/legal agency in the absence of a clear clinical rationale; or Periodic testing solely to measure the member's response to psychotherapy
<p>Exclusions</p> <p>Any one of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> Testing is primarily to guide the titration of medication; or Testing is primarily for legal purposes, unless specified by state regulations or account-specific arrangements; or Testing is primarily for medical guidance, cognitive rehabilitation, or vocational guidance, as opposed to the admission criteria purposes stated above. Testing request appears more routine than medically necessary (i.e., a standard test battery administered to all new members); or Interpretation and supervision of neuropsychological testing (excluding the administration of tests) is performed by someone other than a licensed psychologist or other clinician whom neuropsychological testing falls within the scope of his/her clinical license, and who has had special training in neuropsychological testing; or Measures proposed have no standardized norms or documented validity; or The time requested for a test/test battery falls outside Beacon Health Options established time parameters; or 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; or Administration, scoring and/or reporting of projective testing is performed by someone other than a licensed psychologist, or other clinician for whom psychological testing falls within the scope of his/her clinical licensure and who has specialized training in psychological testing. 		

Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

- 1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
- 2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
- 3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
- 4) Professional publications and psychiatric texts: [see Beacon's [Publication Reference Table](#)]
- 5) Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- 6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)