

**NMNC 5.502.05 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	Continued Stay Criteria	Discharge Criteria
<p><b>The following criteria must apply:</b></p> <p><b>For Psychological Testing, all criteria 1 – 6 must be met; for Neuropsychological Testing, #7 must also be met:</b></p> <p>1) Request for testing is based on need for <b>at least one</b> of the following:</p> <ol style="list-style-type: none"> <li>a. differential diagnosis of mental health condition unable to be completed by traditional assessment; or</li> <li>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</li> <li>c. if testing request is a repeat of prior psychological testing, clinical situation must represent <b>one</b> of the</li> </ol>	<p><b>Both of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>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</li> <li>2) Tests are administered individually and are tailored to the specific diagnostic questions of concern</li> </ol>	<p><b>Only one of the following criteria must be met for a test to be non-reimbursable.</b></p> <ol style="list-style-type: none"> <li>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</li> <li>2) Group forms of intelligence tests; or</li> <li>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 A repetition of any</li> </ol>

<p>following:</p> <ul style="list-style-type: none"> <li>• clinically significant change in member's status (i.e., worsening or new symptoms or findings); or</li> <li>• other need for interval reassessment that will inform treatment plan</li> </ul> <ol style="list-style-type: none"> <li>2) 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)</li> <li>3) Results expected to help answer question that medical, neurologic, or psychiatric evaluation, diagnostic testing, observation in therapy, or other assessment cannot</li> <li>4) 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)</li> <li>5) No active use, withdrawal, or in process of recovery from chronic substance use</li> <li>6) Diagnostic evaluations completed (e.g., CT scan, MRI,) including psychosocial functioning), unless subject to state regulation or account- specific arrangements</li> <li>7) 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).</li> </ol>		<p>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 ascertain changes, including <i>one</i> of the following factors:</p> <ul style="list-style-type: none"> <li>• following such special forms of treatment or intervention, such as ECT; or</li> <li>• relating to suicidal, homicidal, toxic, traumatic, or neurological conditions; or</li> <li>• as specified in Admission Criteria 1.c.</li> </ul> <ol style="list-style-type: none"> <li>5) Tests for adults that fall in the educational arena or in the domain of learning disabilities; or</li> <li>6) 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</li> <li>7) Periodic testing solely to measure the member's response to psychotherapy</li> </ol>
<p><b>Exclusions</b> Any <b>one</b> of the following criteria is sufficient for exclusion from this level of care:</p> <ol style="list-style-type: none"> <li>1) Testing is primarily to guide the titration of medication; or</li> <li>2) Testing is primarily for legal purposes, unless specified by state regulations or account-specific arrangements; or</li> <li>3) Testing is primarily for medical guidance, cognitive rehabilitation, or vocational guidance, as opposed to the <b>admission criteria</b> purposes stated above.</li> <li>4) Testing request appears more routine than medically necessary (i.e., a standard test battery administered to all new members); or</li> <li>5) 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</li> </ol>		

<p>falls within the scope of his/her clinical license, and who has had special training in neuropsychological testing; or</p> <p>6) Measures proposed have no standardized norms or documented validity; or</p> <p>7) The time requested for a test/test battery falls outside Beacon Health Options established time parameters; or</p> <p>8) 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</p> <p>9) 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.</p>
<p><b>Reference Sources</b></p> <p>Beacon’s Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:</p> <ol style="list-style-type: none"> <li>1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)</li> <li>2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines</li> <li>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)</li> <li>4) Professional publications and psychiatric texts: [see Beacon’s <a href="#">Publication Reference Table</a>]</li> <li>5) Federal/state regulatory and industry accreditation requirements, including CMS’s National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)</li> <li>6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)</li> </ol>