

## Psychological and Neuropsychological Testing Medical Necessity Criteria

### Determination Timeline:

Complies with PM Chapter 13.0

### Documentation Required Prior to Determination:

**Initial and Re-Authorization** requires the PNO/Provider Agency to submit a prior authorization request for all Psychological and Neuropsychological Testing procedures. Documentation related to the information under **Diagnostic Criteria** should be submitted at the time of request.

### Length of Authorization:

Authorization for testing, initiation and completion will be for sixty days. If an extension is need to complete the testing the provider can submit a request to extend the authorization

### Determination Criteria:

Herein Psychological Testing refers to the administration of psychological tests, defined as “an objective and standardized measure of a sample of behavior”. This process does not encompass a clinical evaluation by a psychologist or the administration of rating scales commonly used to assist the clinician in the assessment of clinical symptoms or to track improvement or response to treatment. Neuropsychological testing<sup>1</sup> is a specific subset of psychological testing wherein a standardized performance-based method is used to assess cognitive functioning.

### Psychological and Neuropsychological Testing:

Mercy RBHA requires that a Psychiatrist, PNP, or Psychologist perform a diagnostic interview prior to submitting a request for psychological testing.

Testing is considered medically necessary if **all** of the following apply:

1. A specific clinical question is posed that relates to the condition / symptoms being addressed
2. The question cannot be adequately addressed by clinical interview and/or behavioral observation
3. Results of psychological testing are reasonably expected to provide an answer to the query
4. It is reasonably expected that the testing will provide information leading to a clearer diagnosis and/or guide treatment planning with an expectation of improved clinical outcome

### The following criteria apply specifically to neuropsychological testing:

Mercy Maricopa considers Neuropsychological Testing to be medically necessary when provided to aid in the assessment of cognitive impairment due to medical or psychiatric conditions as represented by the following:

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<sup>1</sup> Clinical Applications of Neuropsychological Assessment; Philip D Harvey, PhD; Dialogues Clinical Neuroscience, March 2012; 14(1): 91-99

1. Assessment of neurocognitive abilities following traumatic brain injury, stroke or neurosurgery or relating to a medical diagnosis such as epilepsy, hydrocephalus, dementia or AIDS
2. Assessment of neurocognitive functions to assist in the development of rehabilitation and/or management strategies for persons with diagnosed neurological disorders
3. Monitoring of the progression of cognitive impairment secondary to neurological disorders

**Exclusions:**

Psychological/ neuropsychological testing will not be authorized in the following situations:

1. The testing is primarily for educational or vocational purposes
2. The testing is primarily for legal purposes (including custody evaluations, parenting assessments, other court/government ordered testing)
3. The testing is intended to diagnose attention deficit/hyperactivity disorder unless comprehensive diagnostic interviews, clinical observations and rating scales prove inconclusive
4. The testing proposed would occur in the context of ongoing substance use disorders (during active use, withdrawal or early abstinence) thereby impacting validity
5. The testing is intended to diagnose autism spectrum disorders unless comprehensive diagnostic interviews, clinical observations and rating scales prove inconclusive.
6. The number of hours requested for the administration, scoring, interpretation and report writing exceeds the generally accepted standard for the specific testing instrument, unless warranted by particular circumstances

**Addendum: Autism**

If a member/ family presents with a concern for a diagnosis of autism spectrum disorders:

1. The member would be referred to a Child and Adolescent Psychiatrist for a detailed evaluation.
2. Coordination with the PCP will occur to ensure EPSDT as well as a History and physical exam to rule out differential diagnoses that can be associated with symptoms consistent with Autism
3. Coordination with school to obtain records and any testing already completed as well as behavioral observations.
4. Child and adolescent psychiatrist will review records as above to aid in full diagnostic evaluation. This may take several sessions.
5. If there continues to be a question of cognitive or medical issues, appropriate referrals will be made by this doctor with coordination with RBHA and Medical plan as necessary. Often Pediatric Neurology may be consulted.
6. Psychological testing/ neuropsychological testing will be reviewed on a case by case basis if the above does not confirm a diagnosis and the doctor feels this is the next appropriate step.

This process would be in line with the AACAP practice parameter with link below.

[http://www.aacap.org/App\\_Themes/AACAP/Docs/practice\\_parameters/autism.pdf](http://www.aacap.org/App_Themes/AACAP/Docs/practice_parameters/autism.pdf)