Medical Necessity Guidelines: Behavioral Health – Psychological/Neuropsychological Evaluation Level of Care

Effective: November 9, 2016

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<tr>
<td>☑ Tufts Health Plan Commercial Plans products; Fax: 617.972.9409</td>
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<td>☑ Tufts Health Direct – Health Connector; Fax: 888.415.9055</td>
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<td>☑ Tufts Health Together – A MassHealth Plan; Fax: 888.415.9055</td>
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<td>☑ Tufts Health Unify – OneCare Plan; Fax: 781.393.2607</td>
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<td>☑ Tufts Health RITogether — A Rhode Island Medicaid Plan; Fax: 857.304.6404</td>
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<td>☑ Tufts Health Freedom Plan products; Fax: 617.972.9409</td>
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Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW

Psychological and Neuropsychological Testing/Assessment

Standardized assessment instruments must be used in the administration of psychological testing. Tests will be used to gain an understanding of functioning (including aptitudes, cognitive processes, emotional conflicts, and type and degree of psychopathology). Psychological and neuropsychological assessment can determine differential diagnoses and assess overall cognitive functioning in relation to a member’s behavioral health or substance abuse status, which may have important treatment-planning implications.

Note: Most Tufts Health Plan inpatient and acute treatment facilities have an all-inclusive per diem rate that covers any needed psychological and neuropsychological assessment. Therefore, we do not reimburse individual providers for psychological testing done during the course of an inpatient stay or at an acute treatment program.

COVERAGE GUIDELINE

Licensed psychologists in an independent practice or in an agency setting may perform psychological testing on Tufts Health Plan Members. Psychology assistants (doctoral level or doctoral candidates) may test patients and interpret test results, provided that the test occurs in a licensed clinic setting and that a qualified licensed psychologist directly supervises and cosigns. Psychology assistants under the supervision of a psychologist in an independent practice setting may not test Tufts Health Plan patients.

Tufts Health Plan has developed the following Guidelines for determining when psychological and neuropsychological testing is medically necessary:

- The Tufts Health Plan Member has not had such an assessment in the last year or recently enough to make proposed tests duplicative or invalid
- Proposed diagnostic procedures are empirically related to the evaluation’s specific question(s)
- Symptoms indicate a new or different diagnosis
- The Tufts Health Plan Member’s functional status has markedly changed, and assessment will assist in establishing appropriate levels of care and treatment planning
- A prior evaluation’s focus or method is inappropriate for current needs, and a more appropriate assessment requires the requested evaluation. However, psychological or neuropsychological assessment should not be used instead of standard behavioral health assessment, since psychological and neuropsychological assessment is not a first-line clinical intervention in the diagnosis of a psychiatric condition.
- The evaluation is directly relevant to the Tufts Health Plan Member’s behavioral health status and treatment needs
Testing is part of a coordinated treatment plan in collaboration with other behavioral health providers.

Psychological and neuropsychological diagnostic procedures or tests used with Tufts Health Plan Members must:
- Be published, valid, and in general use as evidenced by their presence in the current edition of the *Mental Measurement Yearbook*, or by their conformity to the American Psychological Association's *Standards for Educational and Psychological Tests*
- Be individually administered
- Licensed psychologists in an independent practice or in an agency setting may perform psychological testing on Tufts Health Plan Members.

**Reimbursable Tests**
Contingent upon clinical/medical necessity, we may authorize the following psychological tests:
- Cognitive Battery — including either the Wechsler Intelligence Scales or the Stanford-Binet Intelligence Scale or other standardized test of general intellectual functioning, which must be individually administered
- Projective Battery — including at least two of the following types of tests or their age appropriate equivalents:
  - Rorschach Inkblot Test
  - TAT – Thematic Apperception Test
  - TED – Tasks of Emotional Development
  - MMPI – Minnesota Multiphasic Personality Inventory (MMPI)
  - Personality Assessment Inventory (PAI)
  - One or more types of tests including, but not limited to:
    - Figure drawing
    - Bender-Gestalt
    - Word association
    - Sentence Completion
- Assessment of organic impairment— including the Wechsler Intelligence Scales and standardized tests of memory, such as the Wechsler Memory Scale and the Benton Visual Retention Test
- Neuropsychological Assessment — including assessment of brain damage using the Halstead-Reitan, D-KEFS (Delis-Kaplan Executive Functioning System), NEPSY (Developmental Neuropsychological Assessment), or Luria-Nebraska Neuropsychological Battery or other tests of comparable scope or intensity, such as Boston Process Approach battery (individual diagnostic procedures must be listed when using Boston Process Approach battery)
- Unlisted Service — including services such as abbreviated intelligence tests (e.g., WASI) or a separately administered Rorschach Inkblot Test.

**LIMITATIONS**

*Tufts Health Plan will not cover Psychological Testing under the following circumstances:*
- The testing is solely for educational purposes, unless a Chapter 766 educational testing service (for special education)
- Testing is for vocational purposes
- Testing is for parenting evaluation
- Testing is for disability determination
- Testing is for forensic purposes
- Number of hours requested exceeds published standards and established community and national norms

**Non-reimbursable Tests**
Tufts Health Plan does not reimburse the following tests:
- Self-rating forms and other paper and pencil instruments, unless administered as part of a comprehensive battery of tests (e.g., MMPI or PAI).
- Group intelligence tests
- Short-form, abbreviated, or “quick” intelligence tests administered at the same time as the Wechsler or Stanford-Binet tests
Repetition of any psychological tests or tests provided to the same recipient within the preceding 12 months, unless documented that the purpose of the repeated testing is to ascertain changes such as:
- Following special forms of treatment or intervention such as ECT
- Relating to suicidal, homicidal, toxic, traumatic, or neurological condition.

**CODES**
The following codes require prior authorization:

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>96101</td>
<td>Psychological testing per hour of psychologist’s or physician’s time, both face-to-face time with the patient and time interpreting test results and preparing the report</td>
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<tr>
<td>96118</td>
<td>Neuropsychological testing per hour of the psychologist’s or physician’s time, both face-to-face time with the patient and time interpreting test results and preparing the report</td>
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**REFERENCES**
- Behavioral Health Level of Care Criteria Psychological/Neuropsychological Evaluation Level of Care Protocol and Procedural Guideline 2011

**APPROVAL HISTORY**
July 1, 2002: Reviewed by the Utilization Management Committee

Subsequent endorsement date(s) and changes made:
- January 17, 2010: Document reviewed and endorsed by BH Practitioners
- February 12, 2010: Document reformatted, document history added
- May 14, 2010: Document reviewed and revised to clarify language around requirement for assessment prior to approval of psych testing and endorsed by BH Practitioners
- March 7, 2011: References updated
- March 11, 2011: UMC Annual Review
- March 31, 2011: UMC recommended action: Additional content expert review (psychologist) with the following edits: Definitions: Psychological and...assessment: previously missing word "implications" added to end of paragraph; eleventh bullet in section - Psychological testing is appropriate if, delete "or court ordered"; Ninth bullet in section - Reimbursable tests, replace "Brain damage" with "Organic Impairment"; Tenth bullet in section - Reimbursable tests, insert "D-KEFS (Delis- Kaplan Executive Functioning System), NEPSY (Developmental Neuropsychological Assessment)" immediately following "Reitan"; Update reference.
- April 8, 2011: UMC Annual Review
- December 16, 2011: Executive Policy Review and Update by UMC Chair and Network Health President, limited to Policy scope update to include new coverage product (MSP)
- April 6, 2012: UMC Annual Review
- March 1, 2013: UMC Annual Review, “Network Health Choice” added to scope
- November 8, 2013: Updated to include CarePlus product line
- February 19, 2014: UMC Annual Review, Purpose added
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- December 9, 2015 – Reviewed and approved by the Integrated Medical Policy Advisory Committee with no changes.
- November 9, 2016 – Reviewed and approved by the Integrated Medical Policy Advisory Committee with no changes.
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017

**BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**
Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.
Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Medical Necessity Guidelines apply to the fully insured Commercial and Medicaid products when Tufts Health Plan conducts utilization review unless otherwise noted in this guideline or in the Member’s benefit document, and may apply to Tufts Health Unify to the same extent as Tufts Health Together. This guideline does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options or to certain delegated service arrangements. For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. Applicable state or federal mandates or other requirements will take precedence. For CareLink℠ Members, Cigna conducts utilization review so Cigna’s medical necessity guidelines, rather than these guidelines, will apply.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.