

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Psychological Testing
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APPROVED DATE: 11/15/17	RETIRED:
EFFECTIVE DATE: 10/8/17	REVIEWED/REVISED: 6/12/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.UM.39

SCOPE:

To establish medical necessity guidelines for psychological testing.

PURPOSE:

Psychological Testing is an evaluation to determine the extent and nature of a mental illness. It may be used to rule-in or rule-out the presence of a thought disorder or other serious psychiatric diagnosis that has been unable to be made by other methods. Psychological Testing consists of a set of tasks or questions intended to elicit particular types of behavior when presented under standardized conditions, and intended to yield scores that will have desirable psychometric properties, such as acceptable levels of reliability and validity. Tests include standardized aptitude and achievement instruments, diagnostic and evaluative devices, interest inventories, personality inventories, and projective instruments.

POLICY:

Coverage Guidelines:

A. Psychological Testing is medically appropriate only when there is a strong indication that significant, useful information impacting patient care and treatment would be generated from such testing.

B. Psychological Testing is medically appropriate following thorough evaluation and recommendation by a licensed Behavioral Health provider, according to the terms of the member's contract, for any one of the following reasons:

- To rule-in or rule-out the presence of a thought disorder or other serious psychiatric diagnosis; or
- There remains significant diagnostic uncertainty to guide appropriate treatment; or
- Failure to respond to evidence based treatments, such as various therapies and or medications, of sufficient duration and intensity where most individuals with similar clinical presentation, would have improved; or
- To make a psychiatric diagnosis which a provider has been unable

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to make by other methods; or

- Differential diagnosis of behavioral or psychiatric conditions (is it bipolar, is it psychosis, is there a personality disorder present) when the member's history and symptomatology are not readily attributable to a particular psychiatric diagnosis and the questions to be answered by testing could not be resolved by a psychiatric/diagnostic interview, observation in therapy, or an assessment for level of care at a mental health or substance abuse facility; or
- To diagnose an intellectual disability (Evaluation and recommendation by a developmental pediatrician also acceptable); or
- A patient has had a recent mild traumatic brain injury (i.e. concussion) and a screening of his/her cognitive status is desired early on after the injury to answer more immediate questions about cognitive and emotional functioning as well as ability to return to accustomed life's activities at that time; or
- There has been a recent change in patient's memory (i.e. within past six months) or changes in memory have been present for extended period of time and it is not significant or complex. Psychological testing can clarify/determine extent of memory and cognitive change and impact on functioning.

C. The use of Psychological Testing is considered not medically necessary for purposes of diagnosing any of the following conditions, except in instances of complex cases with overlapping symptoms that need differential diagnosing, as more suitable approaches are available:

- Autism spectrum disorders;
- Attention deficit disorder;
- Attention deficit hyperactivity disorder; or
- Tourette's syndrome.

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- If cognitive, memory and behavioral concerns have been present for extended period of time, there are significant medical complications, and/or previous assessments (psychological evaluation, neurology consult) have been unable to clarify diagnosis or functioning status of patient. In such circumstances, neuropsychological testing may be indicated.

D. Instrument guidelines, the following must apply:

- The units requested do not exceed standard administration times for instruments selected;
- The instruments are empirically valid and reliable for the diagnoses being considered;
- The instruments are not redundant measures; and
- The instruments are age appropriate and are the most recent version available.

E. Any request for psychological testing needs to include:

- evidence a thorough assessment was completed, including
 - detailed clinical interview with the patient
 - a complete history of the patient and a review of psychological, medical, educational, and other relevant records
 - last 6 months of clinical notes from requesting provider and/or specialist (if applicable)
 - relevant collateral information (including information and observations from parents or guardians, teachers, and others involved in the patient's life if the patient is a child)
- a case-specific question that the testing is intended to answer and what action will be taken, or how the treatment plan will be affected by the results. The provider needs to be case specific about the differential diagnosis and intended

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treatment plan(s) based on the psych testing outcome. See **Appendix A** for decisional support of a case specific question.

- documentation of the following:
 - Patient age
 - Patient gender
 - Primary diagnosis
 - Co-occurring psychiatric diagnosis
 - Co-occurring medical diagnosis (if available)
 - Previous psychological testing evaluation, if applicable
 - Initial evaluation
 - Already completed tests
 - Description of symptoms

E. Psychological Testing is not medically necessary as screening tool or as part of the psychological evaluation prior to a complex surgical procedure (e.g., bariatric surgery) or for a complex medical condition.

Other situations where Coverage is not provided:

A. Psychological Testing is considered not medically necessary if the member is actively abusing a substance, having withdrawal symptoms or has recently entered recovery. This will result in invalid result of the testing.

B. Psychological Testing is ineligible for coverage when the testing is primarily for the purpose of non-treatment related issues (e.g., routine evaluation of occupational or career aptitudes, forensic evaluations, and child custody evaluations).

C. Psychological Testing performed as simple self-administrated or self-scored inventories, screening tests (e.g., AIMS, Folstein Mini-Mental Status Exam) or similar tests are considered inclusive of an Evaluation and Management service and are not separately payable as psychological testing.

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D. Psychological testing, when done for any of the following reasons, are ineligible for coverage unless specifically included in the member's evidence of coverage:

- Educational or vocational purposes that are primarily related to employment
- Any requests for Psychological Testing that would otherwise be the responsibility of a child's school system.

REFERENCES: EPC Policy number UM.35.351.NY
 Trillium Utilization Management Policy number: OR.MM.BH.103
 Most current NCQA Standards and Guidelines for the accreditation of MBHOs and MCOs

ATTACHMENTS:

DEFINITIONS:

Psychological Test: Tests used to assess a variety of mental abilities and attributes, including Central Nervous System (CNS) Assessments such as neuro-cognitive, mental status, achievement and ability, personality, and neurological functioning.

Diagnostic and Statistical Manual of Mental Disorders (DSM): Standard classification of mental disorders used by mental health professionals in the United States, consisting of three major components:

- 1) Diagnostic classification; 2) Diagnostic criteria sets; 3) Descriptive text.

REVISION LOG

REVISION	DATE
Added additional language to further support ability to determine appropriateness of psychological testing. Added appendix to provide case examples.	6/4/18

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APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to an actual signature on paper.

VP/Director Medical Management: On file.

APPENDIX A:

Case Example # 1 – Approved

On detailed review of the medical record, there exists substantial and clinically important uncertainty about the patient's psychiatric diagnoses (with potential concerns for anxiety, PTSD, attachment disorder, depression or other mood disorder, conduct disorder, and/or other disruptive behavior disorder). Additionally the patient has had limited benefit to consistent behavioral health interventions to date over a period of greater than two years. Psychological testing is likely to help current and future providers clarify diagnoses and optimize treatment interventions for this member, and for these reasons, this testing meets medical necessity criteria.

Case Example # 2 - Denied

Denial of psychological testing is upheld after review of submitted medical records, initial denial, relevant medical literature, and pertinent medical necessity guidelines. The patient clearly has exhibited a range of concerning behaviors for which mental health assessment and treatment is warranted. There has been brief initial assessment by a psychologist, yielding concerns for ADHD, anxiety, and significant early life traumas. However, the patient has not as yet been evaluated by a child psychiatrist, or completed a thorough initial assessment with a child psychologists. The clinically appropriate next steps in care of this patient are a thorough psychiatric and/or psychological assessment, utilizing standard approaches of interviews with patient and caregivers, mental status exam, review of collateral information from other adults who know patient and medical records, in order to make accurate diagnoses; then treatment should be aimed at the primary diagnosis(es), which is likely to include evidence-based psychotherapies for patient and/or family unit, and may possibly include psychotropic medications if diagnoses and

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severity of impairment warrants medication treatment. Psychological testing is not medically necessary at this time to establish diagnoses or guide treatment, but could possibly be necessary in the future if either significant diagnostic uncertainty remains after above initial comprehensive assessments, OR if patient does not respond to appropriate treatment interventions such as psychotherapy or medication options.