



Psychological and Neuropsychological Testing

I. Policy

University Health Alliance (UHA) will reimburse for Psychological and Neuropsychological Testing (PT/NPT) when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

Prior authorization is required for all outpatient psychological and neuropsychological testing. Please complete the PA form specific to psychological and neuropsychological testing available through UHA's online provider portal.

II. Criteria/Guidelines

The goal of outpatient psychological and neuropsychological testing is to gain an increased understanding of the patient that cannot be accomplished with other available methods. University Health Alliance (UHA) will reimburse for testing when determined to be medically necessary and within the medical criteria guidelines (subject to limitations and exclusions) indicated below:

A. For the testing to be authorized, the following requirements must be met:

1. The request for prior authorization must come from a licensed behavioral health care provider.
2. The patient must have been diagnosed in a face-to-face evaluation with a psychiatric illness by a licensed mental health provider or a neurological disorder by a neurologist.
3. Symptoms of this illness must meet the definitions as described in the Diagnostic and Statistical Manual of Mental Disorders, Current Edition DSM; OR
 - a. If the clinical symptoms do not meet diagnostic criteria in current DSM, the requested testing is expected to clarify the diagnosis.
4. A psychiatric diagnostic evaluation (PDE: 90791/90792), or a neuro-behavioral status exam (NSE: 96116) must be completed prior to request for testing. The PDE/NSE must include mental status exam, complete patient history, review of psychological, medical, educational, and other relevant records.
5. Documentation should include clinically descriptive behavior, how it impacts patient's daily functioning, and rationale for testing. Checklists, if required, should be done prior to submission of PA and results should accompany the PA request.

B. Guidelines for psychological testing:

The goal of outpatient psychological testing is to gain an increased understanding of the patient that cannot be accomplished with other available means. Testing can be viewed as a potentially helpful second opinion for treatment failures and/or difficult to diagnose cases.

1. Testing is considered medically necessary when:
 - a. The PDE is inconclusive, or if the clinical symptoms do not meet diagnostic criteria in current DSM.
 - b. Further evaluation is needed to develop treatment recommendations after the patient has been tried on various medications and/or psychotherapy and the patient continues to be symptomatic without a clear explanation for treatment failure.
 - c. It will have a timely effect on the individual treatment plan.

2. Testing of children for the purpose of diagnosing attention deficit/hyperkinetic disorder is not usually necessary since there are few medical conditions which present with ADHD-like symptoms. Attention Deficit Disorders are diagnosed through a careful history, structured clinical interviews, and behavior ratings obtained from parents at home and from teachers at school.
 3. Psychological and neuropsychological testing beyond standardized parent interviews and direct, structured behavioral observation is rarely considered medically necessary for the diagnosis of pervasive developmental disorders, which include Autism Spectrum Disorders, Childhood Disintegrative Disorder, Rett's Syndrome, and PDD-NOS.
- C. Guidelines for neuropsychological testing:
1. The results of testing are necessary to rule in or rule out diagnostic conditions when known or suspected neurological disease is not detected or is not certain through the use of standard psychiatric and medical neuro-diagnostic procedures.
 2. The results of testing are required to determine the patient's neuro-cognitive functioning capabilities and/or changes in status/functioning and are necessary to assist with treatment planning or discharge planning or placement needs.
 3. The results of testing are necessary to provide differential diagnosis of a psychiatric disorder versus a neurological or neuro-endocrine medical condition with cognitive and/or psychiatric symptoms.
 4. The results of testing are needed in the assessment of clinical conditions where there is the likelihood of specific brain-based pathology, including head injuries, dementia, encephalopathy (when there is a specific medical condition causing progressive loss functioning), multiple sclerosis, epilepsy, exposure to neurotoxins, and some cases of developmental delay or disorder. Such conditions raise significant diagnostic questions and/or treatment issues.
 5. Examples of situations for which NPT may be medically necessary include, but are not limited to:
 - a. Assessment of neurocognitive abilities following traumatic brain injury, stroke, or neurosurgery or relating to a medical diagnosis, such as epilepsy, hydrocephalus or AIDS.
 - b. Assessment of neurocognitive functions to assist in the development of rehabilitation and/or management strategies for persons with diagnosed neurological disorders.
 - c. Differential diagnosis between psychogenic and neurogenic syndromes.
 - d. Monitoring of the progression of cognitive impairment secondary to neurological disorders.
- D. Reasons for non-authorization:
- Psychological testing may be denied for the following circumstances:
1. Academic / educational / vocational:
 - a. Testing is primarily for educational or vocational purposes. Testing performed for educational reasons is not considered treatment of disease and is not a covered benefit (See Section 6 of UHA's Medical Benefits Guides).
 - i. For children eligible for public education this testing is provided by school systems under applicable state and federal rules.
 2. Administrative:
 - a. Testing is done prior to the completion of a PDE or NSE by licensed mental health provider or neurologist.

- b. Testing is used to evaluate the impact of chronic solvent or heavy metal exposure (in occupational or environmental medicine realm). In these cases, testing is not covered under UHA benefits, but coverage should be explored under the patient's worker's compensation carrier.
- c. Testing is not covered when someone else (including, but not limited to, any federal, state, territorial, municipal or other government instrumentality or agency) has the legal obligation to pay.
- d. Testing is not individualized (i.e., preset standard batteries given per condition or diagnosis, or testing given to all new patients).
- e. If time requested for a test (or battery) falls outside UHA's established or recommended time parameters, a portion of the time requested may not be authorized.
- f. Testing for legal/court related purposes, employment, and disability qualification purposes (i.e., custody evaluations, parenting assessments, or other court or government ordered or requested testing) is not covered as it is not considered treatment of disease and is not a covered benefit .

3. Medical:

- a. Testing when there are current symptoms of acute psychosis, confusion, disorientation, substance abuse (current or within 30 days), or other diagnosis that would interfere with proposed testing validity.
- b. Testing primarily for cognitive rehabilitation, or vocational guidance, as opposed to the authorization criteria stated above in the policy.
- c. Testing is primarily to guide the titration of medication.
- d. Testing was administered within the last year with no strong evidence that the patient's situation or functioning is significantly different.
- e. Testing primarily for diagnosis and management of persons with chronic fatigue syndrome.
- f. Testing evaluating the same domain as prior conclusive testing and is for confirmatory purposes only.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Administrative Guidelines

- A. Prior authorization is required.

- B. To request prior authorization, please complete the PA form specific to psychological and neuropsychological testing and submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.
- C. Payment will be based on the minimum number of testing hours required to establish a diagnosis and begin a plan of care.
 - 1. Pre-surgical psychological clearance screening is limited to 3 hours of CPT 96101 or 1 unit of CPT 96103 (i.e., psychological clearance for bariatric surgery).
- D. Payment for testing is calculated based on the hours required for each test according to information from test manufacturers and UHA consultants. The time includes administration, scoring, interpretation, and a written report.
 - 1. Time for hand scoring will not apply to computer-scored tests.
 - 2. One hour maximum will be allotted for checklists or self-report.
 - 3. Testing done by a technician or computer must be billed as such. Only face to face time with licensed provider may be billed as 96101 or 96118.
 - a. Unlicensed providers (interning psychologists, technicians) must bill services under a technician code even if a licensed provider is supervising services.
 - b. Computer codes (96103 and 96120) are billable when a computer is used to administer tests.
 - i. These codes cannot be billed if the computer is used only to score tests.
 - 4. Reports should be focused on the criteria for establishment of diagnosis and recommendations for changes in treatment plans. Other potential uses for test results are outside the scope of acute-care benefit coverage.
 - a. Reimbursement for generation of reports is limited to 1 hour.
- E. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record and must be made available to UHA upon request. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.

Codes that require prior authorization:

CPT Code	Description
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

Codes that do not require prior authorization:

CPT Code	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services

IV. Policy History

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