Use and Approval Of Psychological Testing

Policy Number: HS-203

Original Effective Date: 3/6/2014

Revised Date(s): N/A

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.
DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. Note: The lines of business (LOB) are subject to change without notice; consult www.wellcare.com/Providers/CCGs for list of current LOBs.

BACKGROUND

Psychological testing is a covered benefit in accordance with the member’s benefit plan, and when indicated the WellCare, Inc. Behavioral Health Utilization Management Department (BHUMD) Care Managers will use this WellCare Supplemental Criteria and Guidelines for reviewing this service, in addition to InterQual criteria to establish medical necessity. (This does not represent what a Staff Psychologist has the ability to determine.)

Requests that meet the criteria in the section below will receive approval of units of psychological testing without the InterQual requirement of a secondary review by a MD or PhD (up to the amount allowed by contract). Requests that do not meet this criterion will be sent for secondary review.

All medical necessity determinations will be made within the turnaround time required by NCQA or the state contract.

POSITION STATEMENT

Applicable To:
✔ Medicaid
✔ Medicare

WellCare considers psychological testing to be medically necessary when needed to enhance psychiatric or psychotherapeutic treatment outcomes after a detailed biopsychsocial diagnostic evaluation if:

- Testing is needed to aid in the differential diagnosis of behavioral or psychiatric conditions 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 review of medical records; history obtained from the member’s family or significant others; a psychiatric/diagnostic interview; medical or neurological consultation and/or exam; observation in therapy, or an assessment for level of care at a mental health or substance abuse facility; OR,
- Testing is needed to develop treatment recommendations after the member has been tried on various medications and/or psychotherapy, has not progressed in treatment, and continues to be symptomatic.

Exclusions

Psychological testing is NOT generally medically necessary when:

- Clinical issues in question can be effectively addressed without the tests.
- The presenting problem can be effectively treated without the tests.
- There is not an appropriate test that can adequately answer the referral question.
- The appropriate treatment approach for the problem already is clear without the need for results of the tests
- The member has not been seen for an assessment including a trauma assessment when applicable and treatment has not been attempted by a behavioral health specialist.
- The member has completed similar testing within the past twelve months with no significant recent change in the problems, symptoms, or questions.
• Primary questions to be addressed are related to planning for the member’s vocational/educational needs.
• The member testing is being performed to satisfy requirements of outside agencies and is not otherwise medically necessary (such as employment screening or return to work, court obligations or other forensic services, worker’s compensation, personal injury, etc.).

In addition, exclusions exist for requests that are:
• Related to uncomplicated cases of Attention Deficit Disorder with/without Hyperactivity (ADHD).
• Are for testing beyond standardized parent interviews and direct, structured behavioral observation for diagnosis of pervasive developmental disorder.
• Is for a member who is actively abusing substances, is having acute withdrawal symptoms, or has recently entered recovery, because test results may be invalid.
• Is for educational reasons. This testing is usually provided by school systems under applicable state and federal rules. Most benefit plans exclude coverage of educational testing which is not considered treatment of disease.

CLINICAL EVIDENCE

Data from more than 125 meta-analyses on test validity and 800 samples examining multimethod assessment suggest 4 general conclusions: (a) Psychological test validity is strong and compelling, (b) psychological test validity is comparable to medical test validity, (c) distinct assessment methods provide unique sources of information, and (d) clinicians who rely exclusively on interviews are prone to incomplete understandings (PsychINFO, 2012).

WellCare supports the use of psychological testing when it is the right test for the right member at the right time in accordance with the references listed below, InterQual medical necessity criteria, supplemental guidance/criteria established in this document, and the member’s benefit plan. The uses and exclusions in this document are supported by the clinical evidence referenced below by a wealth of subject matter experts.

CODING

CPT Codes
96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), 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
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 with the patient and time interpreting 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
96101 Psychological testing per hour of the psychologist's time, both face-face patient time and time interpreting test results and preparing the report
96102 Psychological testing with qualified health care professional interpretation and report, administered by a tech, per hour of technician time, face-face
96103 Psychological testing administered by a computer, with qualified health care professional interpretation and report

ICD-9-CM Diagnosis Codes
V40.1 Problems with communication (including speech)
V61.01 - v61.9 Family disruption
V62.0 – v62.9 Other psychosocial circumstances
V70.1 General psychiatric examination, requested by the authority
V70.2 General psychiatric examination, other and unspecified
V70.3 Other medical examination for administrative purposes
V70.4 Examination for medicolegal reasons
V70.5 Health examination of defined subpopulations
V70.6 Health examination in population surveys


REFERENCES

Peer Reviewed

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<thead>
<tr>
<th>Date</th>
<th>Action</th>
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