

Understanding psychological and neuropsychological testing services

Summit Community Care appreciates the compassion with which you care for your patients, our members. We know the delivery of high-quality mental healthcare services for Summit Community Care members requires successful collaboration. Because timely decisions and successful approvals of medically necessary services are an important part of collaboration, we encourage you to review the following information.

Psychological testing requests

Requirements for psychological testing:

- Psychological testing must meet all points of medical necessity and should be used for the purposes of:
 - Establishing diagnoses.
 - Developing treatment plans.
- Documentation or an explanation must be evident indicating information needed is not adequately available from other sources.
- Testing should not be used for routine diagnosis of behavioral health disorders.

Medical necessity criteria

The medical necessity criteria available in the following *Clinical Utilization Management Guidelines*:

- *Psychological Testing* — MCG Behavioral Health Care, Psychological Testing **ORG: B-807-T (BHG):ORG: B-807-T (BHG)**:
 - Available through Provider Services

How to request psychological testing

If testing is needed, complete the *Request for Authorization: Psychological Testing* form found at provider.summitcommunitycare.com/arkansas-provider/forms under Behavioral Health.

Complete the prior authorization request on the **Availity Essentials**. Remember to include all supporting documentation.

Applying psychological testing

What information should be included in a psychological testing request to support medical necessity?

There must be evidence that a diagnosis cannot be obtained through other means (clinical interview, review of records, brief inventories and/or rating scales, direct observation, or consultation with other professionals involved in the member's care).

Include all the clinical information obtained through these other means to help us understand why testing is being requested. In addition, the coding and units being requested and the list of tests to be administered need to be included.

Examples of applicable uses of psychological testing:

- When a member has been treated for a condition but has not made improvements, and there is a need for additional diagnostic clarification
- Differentiating between organic versus psychogenic conditions
- Clarifying a diagnosis after the provider has completed a thorough clinical assessment, obtained data from other sources (for example, family, collateral contacts, and medical records), and administered questionnaires or rating scales:
 - **Example:** In a child with a primary diagnosis of ADHD and disturbances in mood and behavior:
 - Learning disorders have been ruled out by testing at school.
 - Behavior rating scales conducted by provider have mixed or unclear findings.
 - Child has been treated with various medications and behavioral treatment without improvement.
 - Medical provider requests testing to aid in clarifying diagnosis and to shape treatment planning.

What information should be included in a developmental testing request to support medical necessity?

Evidence that a diagnosis cannot be obtained through other means must be provided, as well as information to help us understand what steps were taken prior to the testing request. If there are concerns for a possible developmental disorder, the child may be evaluated by a pediatrician who can conduct a developmental screening and rule out any physical conditions that may be contributing to the presenting problem. When submitting a request for developmental testing, those results should be included along with a detailed description of any developmental and/or speech delays (for example, no babbling by 12 months, any loss of language, or little to no mutual gaze or joint attention).

If any developmentally specific rating scales or screeners were utilized prior to the testing request, it is important to include the results of those scales as well as the coding and units being requested and the specific developmental tests to be administered.

Psychological testing should not be used for the primary purpose of:

- Assessing learning disorders.
- Testing vocational skills.
- Planning for educational purposes.
- Evaluating for custody disputes.
- Evaluating due to court referral (unless medically necessary).

Neuropsychological testing requests

Requirements for neuropsychological testing:

- There are mild or questionable deficits on standard mental status testing, and a more precise evaluation is needed to:
 - Establish the presence of abnormalities.
 - Distinguish them from changes that may occur with normal aging or expected progression of disease processes.
- Abnormality is based on a known or suspected neurological diagnosis.

- **Examples:** dementia, cerebral mass, CVA, epilepsy, hydrocephalus, brain injury

Medical necessity criteria

The medical necessity criteria available in the following *Clinical Utilization Management Guidelines*:

- *Neuropsychological Testing* — MCG Behavioral Health Care, Neuropsychological Testing **ORG: B-805-T (BHG)**:
 - Available through Provider Services

How to request neuropsychological testing

If testing is needed, complete the *Request for Authorization: Neuropsychological Testing* form found at <https://provider.summitcommunitycare.com/arkansas-provider/forms> under *Behavioral Health*.

Complete the prior authorization request on **Availity Essentials**. Remember to include all supporting documentation.

Applying for neuropsychological testing

What information should be included on a neuropsychological testing request to support medical necessity?

The provider should include recent medical records supporting that the member has a known or suspected neurological diagnosis and that routine forms of medical assessment have been attempted (such as imaging, mental status testing, and labs). The medical records need to document that the member has been experiencing cognitive or behavioral changes due to their known or suspected neurological condition.

Include all the clinical information obtained through these other means to help us understand why testing is being requested. In addition, the coding and units being requested and the list of tests to be administered need to be included.

Examples of applicable uses of neuropsychological testing:

- To aid in diagnosis and quantify the deficits on standard mental status testing:
 - **Example:** A 77-year-old member presents with subjective cognitive concerns. Is this a result of normal aging or a dementia process?
- To quantify the deficits on standard mental status testing particularly when the information will be useful in determining a prognosis:
 - **Example:** A 10-year-old member who has been diagnosed with epilepsy recently had seizure activity and is experiencing cognitive impairments.
- To characterize the strengths and weaknesses of an individual as a guide to treatment or rehabilitation planning:
 - **Example:** A 37-year-old member with a concussion from a motor vehicle accident is experiencing cognitive impairment.
- The member is being considered for epilepsy surgery.

Neuropsychological testing should not be used for the primary purpose of:

- Lack of a known or suspected neurological diagnosis.
- Lack of medical records or evidence of routine medical/mental status testing being performed.

- Lack of documentation of cognitive impairment (such as testing based on risk in a medical population, screening/baseline testing).
- Educational requests.
- Stand-alone computerized assessment.
- Vocational planning.
- Routine serial re-testing (unless necessary for diagnosis — dementia, tracking TBI recovery).

Frequently asked questions

How can the member get treatment without a complete psychological or neuropsychological testing battery?

Formal psychological testing is not clinically indicated for routine screening or assessment of behavioral health disorders. Similarly, psychological testing is not clinically indicated for the administration of brief behavior rating scales and inventories. Such scales and inventories are an expected part of a routine and complete diagnostic process.

Other than in exceptional cases, a provider should complete a diagnostic interview and relevant rating scales before submitting a preauthorization request for psychological testing. In many cases, the information from the clinical interview, rating scales, medical and school records, and other collateral contacts will provide sufficient information to make a diagnosis and inform treatment.

My testing request was denied. What are the next steps? What are the options if additional information to support psychological/neuropsychological testing was received after the request was denied?

When a request for psychological testing is submitted, an initial decision is made based on the clinical information provided. Our office will contact the provider to let them know the request was denied. Providers may submit additional information or submit a request for a peer-to-peer discussion up to two business days after receiving the denial notification. If the request for testing is still denied, an appeal may be filed. Please refer to the appeal rights in the provider manual for further information.

What if I need assistance?

If you need assistance, please contact Provider Services at **844-462-0022**, select the option for **Behavioral Health Authorizations**, and ask to speak to the psychological testing team.

Email is the quickest and most direct way to receive important information from Summit Community Care.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/signup-summit-ar>).

