



## 2008 OPERATIONAL GUIDE TO PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING

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### Introduction

The purpose of the United Behavioral Health/PacifiCare Behavioral Health (UBH/PBH) Operational Guideline to Psychological and Neuropsychological Testing is to highlight the procedures used by UBH/PBH when making a benefit determination pertaining to psychological/neuropsychological testing services. Each request for benefit coverage is evaluated on an individual basis. All authorizations for testing service entered by UBH are contingent on Member eligibility, benefit inclusion and exclusion criteria specified in the Member's Certificate of Coverage or other summary plan document, and applicable State/Federal laws and regulations. Please refer to the 2008 Psychological and Neuropsychological Testing Guidelines for information on the criteria used for authorization of testing.

UBH reviewers comply with specific turnaround time requirements for reviewing and reaching benefit determinations, as outlined in UBH/PBH Policies and Procedures, the Member's Benefit Plan, and/or applicable State or Federal Laws/Regulations. State-specific utilization review laws and specific contract requirements are followed when they are more restrictive than UBH/PBH Policies and Procedures.

Requests for psychological testing benefits may be submitted in writing (by fax/mail) or by telephone. A UBH/PBH standardized psychological/neuropsychological testing request form is available by calling the number on the back of the Member's card or on-line at [ubhonline.com](http://ubhonline.com). The testing request form may be submitted to UBH by faxing to a single fax number printed on the request form, for any UBH member. Use of the testing request form by the requesting psychologist is not mandatory, however. If desiring instead to submit a testing request by mail or phone, the requesting psychologist's office should call the phone number on the back of the Member's insurance card to determine the specific UBH/PBH Care Advocacy Center managing the Member's benefits.

### Commonly Requested Testing Services

**ADHD:** Authorization of testing for ADHD assessment will be considered if there is a documented issue of differential diagnosis that can be resolved by the administration of psychological tests. Psychological and Neuropsychological testing are not useful in and of themselves for making the diagnosis of ADHD. Testing may be a useful adjunct when a conclusive diagnosis cannot be determined by a standard examination, or when specific deficits related to ADHD need to be further evaluated. Tests directly related to the measurement of associated academic-educational problems or achievement level may be excluded from coverage, depending on coverage exclusions listed in the Member's Certificate of Coverage or relevant summary Plan document.

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**Other Developmental Conditions:** Authorization of testing for the assessment of other developmental diagnoses (mental retardation, learning disorders, motor skills disorders, communication disorders, and pervasive developmental disorders), when able to be authorized by UBH/PBH, will most often be considered under UBH/PBH psychological testing criteria as most applicable, but may also be considered under neuropsychological testing criteria when appropriate for an individual case. Testing for developmental conditions when covered most often will be a mental health liability, but in some cases may be considered a medical benefit liability when more clearly meeting those benefit criteria. UBH/PBH will assist the psychologist requesting testing authorization with this benefit determination.

**Medically Related Evaluations:** The UBH/PBH reviewer will determine whether testing is covered under the Member's behavioral health benefit or through the Member's medical benefit. Examples of medically related evaluations include but are not limited to neuropsychological testing, pain evaluations and pre-surgical evaluations.

**Neuropsychological Testing:** Neuropsychological testing is conducted when there continue to be questions about a member's medical condition, such as differential diagnosis, functional impact, and treatment needs following a routine physical examination and lab/radiological tests.

**Pain Evaluations:** Psychological testing to assess pain conditions is most often conducted when there is a need to assess mood and personality characteristics co-existing with a pain condition and when believed potentially to be influencing pain, when the Member shows evidence of cognitive or intellectual disturbances after discontinuation or non-response to pain-relieving and psychotropic medications, and/or to assess co-existing substance abuse issues.

**Pre-Surgical Evaluations:** Psychological testing as a component of pre-surgical evaluation is most often conducted when needing to rule out psychiatric conditions potentially contra-indicative of surgery, to determine a Member's ability to understand the risks of surgery, and/or to evaluate the Member's ability to participate responsibly in post-surgical recovery behaviors and lifestyle changes.

### Reimbursable Time

The reimbursable time for test administration is based on published standards or time(s) reported by the test/publisher and/or in published test usage surveys of psychologists engaged in testing activities (e.g., "Psychological Test Usage: Implications in Professional Psychology," by W. J. Camara, J. S. Nathan, and A. E. Puente, 2000, Professional Psychology: Research and Practice, 31, 141-154). In the absence of such information for a particular request, reimbursable administration time is based on what UBH/PBH has deemed appropriate according to commonly accepted test administration times and the unique nature of the request.

The total time authorized will include a reasonable amount of time for test administration, scoring, interpretation and report writing when applicable. Any time authorized for test scoring, interpretation, and report writing purposes will not exceed 50% of that authorized for test administration.

## Peer Review

In most cases the UBH/PBH Peer Reviewer is a doctoral level licensed psychologist. The Peer Reviewer will be at least the same licensure as the requesting treating clinician, have competency in the same or similar specialty area, and hold an active, unrestricted license, unless there are state laws that specify the type of professional who can issue an adverse determination. The UBH/PBH Peer Reviewer will offer to conduct a peer-to-peer review directly with the requesting psychologist should the amount of authorization able to be given by UBH/PBH differ from that requested. A UBH/PBH Peer Reviewer will be available to conduct a peer review of any testing request prior to UBH/PBH issuing a partial/full adverse determination, per regulatory and compliance requirements. The exception to this is situations in which the adverse determination is based on administrative reasons such as for exhausted benefits or for member ineligibility, which may be issued by a Clinical Operations Director or designee. Authorization decisions are solely at the discretion of UBH/PBH.

## Adverse Determinations for Psychological/Neuropsychological Testing Requests

The following are examples of types of adverse determinations that may be issued by UBH/PBH:

**a) Service is a Coverage Exclusion Based on Member's Certificate of Coverage, Summary Plan Description, or summary plan document:** Testing benefits are excluded when testing is directly related to or primarily respondent to difficulties associated with school/educational learning processes and/or educational achievement, unless the Member's Certificate of Coverage, summary plan documents or applicable State or Federal Laws/Regulations, permits or requires benefits for such testing. Additional common types of testing requests for which a benefit exclusion/adverse determination may be made by UBH/PBH include but are not limited to: testing for court-ordered or otherwise legally required purposes; testing for purposes related to child custody determination, adoption, licensure/certification or career or workplace behaviors, and testing related to non-DSM diagnostic conditions or non-Covered diagnostic conditions unless the Member's Certificate of Coverage, summary plan documents or applicable State or Federal Laws/Regulations, permits or requires benefits for such testing.

In the case of neuropsychological testing or medically related testing services, the requested testing is customarily done in connection with medical diagnoses rather than diagnoses related to behavioral health conditions. Testing in these circumstances may be covered through the Member's medical benefits. The UBH/PBH reviewer will notify the requesting clinician of this benefit determination.

**b) Service Not Meeting UBH/PBH Testing Guideline Criteria for Authorization:**

Testing benefits may not be authorized by UBH if the testing request does not meet the UBH/PBH Psychological/Neuropsychological Testing Guidelines criteria for benefit application detailed in the UBH/PBH Psychological and Neuropsychological Testing Guidelines.

**Member Appeals and Provider Disputes of an Adverse Determination**

A member, authorized member representative or provider acting on behalf of a member has the right to request an appeal of an adverse determination. Providers have the right to dispute an adverse determination on their own behalf under certain circumstances.

The written notification of adverse determination will include a description of the member appeal/provider dispute process. Questions about the appeal/dispute process may be addressed by contacting the Member's UBH/PBH Care Advocacy Center, or by consulting the [ubhonline.com](http://ubhonline.com) website and/or the UBH/PBH Clinician Manual.