



- Category:** Utilization Management
- Code:** UM 2.0 Attach N Psych Testing
- Subject:** Psychological Testing Level of Care Guidelines
- Purpose:** The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for psychological testing services.
- Policy:** BHP Care Management (CM) staff use the following level of care guidelines for psychological testing services when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration

TESTING GUIDELINES

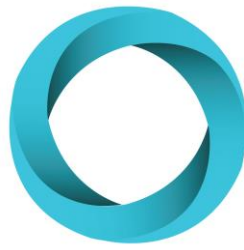
The testing practitioner is responsible for requesting prior authorization for psychological testing, if required by the patient's insurance contract, by submitting a routine BHP treatment plan form. BHP does not require prior authorization for testing done in the inpatient setting.

The following information is required for review, or is required to be documented in the patient's chart if no review for prior authorization is required:

- Documentation of the referral source and reason for referral, including any specific referral questions.
- Documentation of the symptoms being assessed by testing;
- A list of the proposed tests, and
- An estimate of the amount of time necessary to complete the assessment, including time for administering, scoring and interpreting the tests and generating the report.

A copy of the report is expected to be available to BHP, and any other practitioners authorized by the patient. BHP views the results of testing as important information which may be helpful to the patient and family, and encourages the psychologist to provide feedback that summarizes the results either in a regularly scheduled therapy appointment or, if indicated, in a feedback session. Feedback from testing may be incorporated into therapy and the patients' response to feedback often can help with developing, or revising, a treatment plan. BHP recommends that, when possible, the psychologist complete his own diagnostic assessment in order to assess whether testing is needed to help with mental health differential diagnosis and treatment planning, that the testing is a covered benefit, and to identify the tests that would be most helpful for the individual being assessed.

Overall, psychologists usually are the only providers with the training necessary to be authorized to do testing. It is possible that other providers may have the background necessary for BHP to authorize them to do testing, but testing must be within the scope of practice for their license and they will need to document training in



testing that is at least the equivalent of the training in testing received by a psychologist with a Master's degree.

If the activities of a testing assessment are done on more than one day, which is common for more complex referral questions, the testing time should be combined and reported on the last day of the assessment.

BHP recognizes that testing psychologists often need to complete an initial Diagnostic Assessment in order to adequately assess whether testing is needed, and also to help with selecting the most appropriate tests for the patient's individual needs. If a diagnostic assessment is completed and the recommendations include testing, then the billing for testing would not include interviewing.

For children and adolescents with behavioral problems that create challenges for the parents in the home and community, it would be expected that the report includes recommendations or referrals to help the parents with a behavioral management plan and to otherwise meet the child's needs in the home and community.

Court-ordered Assessments:

- Minnesota Statute states that health plans are responsible for authorizing court-ordered evaluations that are provided by a licensed psychiatrist or a doctoral level licensed psychologist. The statute states, "The health plan company must be given a copy of the court order and the behavioral care evaluation." BHP care managers will routinely request copies of both the court order and the behavioral care evaluation as soon as they become aware that a provider is requesting authorization based on a court order.
- The statute also states, "The health plan company shall be financially liable for the evaluation if performed by a participating provider of the health plan company." If BHP receives a request for authorization for a court-ordered evaluation by a non-participating provider, this is reviewed on a case-by-case basis.

Regulatory / External References: NCQA UM 2.0, Chapter 62M.

Groth-Marnat, Gary. Handbook of Psychological Assessment (fifth edition). John Wiley and Sons, 2009

Maruish, Mark. E. The Use of Psychological Testing for Treatment Planning and Outcomes Assessment: Volume 2: Instruments for Children and Adolescents (third edition) , Routledge, 2004.

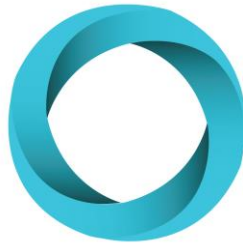
Maruish, Mark. E. and E. Anne Nelson. Psychological Testing in the Age of Managed Behavioral Health Care. Routledge, 2001.

Minnesota Statute: 62Q.535 COVERAGE FOR COURT-ORDERED MENTAL HEALTH SERVICES.

Specific Cognitive Deficits in ADHD: A Diagnostic Concern in Differential Diagnosis.2010. Rashmi Gupta and Bhoomika R Kar. Journal of Child and Family Studies Volume 19, Number 6, 778-786

Multi-method assessment of ADHD characteristics in preschool children: Relations between measures. In press. Darcy M Sims, Christopher J. Lonigan. Early Childhood Research Quarterly

<http://www.wpsmedicare.com/index.html> (reviewed on 1-10-12)



Internal References: Richard Sethre PsyD LP

Source: PreferredOne, BHP

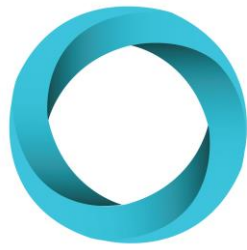
Date Effective: 03/01/2014

Date Revised: 03/01/2014

Date Evaluated by Clinical Team: April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017

Revision Tracking

<u>Date Revised</u>	<u>Revision Type</u> List all applicable: <ul style="list-style-type: none">- Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc).- Change in process/procedure- Change in requirements- New attachments or forms added- Updated documentation to clarify policy- Other	<u>Details of Revision Made</u>



**BEHAVIORAL
HEALTHCARE
PROVIDERS**

**Page 4 of 4
UM 2.0
Attach N
Psych Testing**