



**Missouri Care**

***'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona***

***OneCare (Care1st Health Plan Arizona, Inc.)***

***Staywell of Florida***

***Children's Medical Services Health Plan (CMS Health Plan)***

***WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)***

***WellCare Prescription Insurance***

***WellCare Texan Plus (Medicare – Dallas & Houston markets)***

## Use and Approval Of Psychological Testing

Policy Number: HS-203

Original Effective Date: 3/6/2014

Revised Date(s): 3/5/2015; 3/3/2016; 6/2/2016;  
3/2/2017; 5/4/2017; 4/5/2018; **8/ /2019**

### 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 (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). 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 CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on [www.wellcare.com](http://www.wellcare.com). Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

### 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
- Medicaid – Florida (CMS Health Plan - CHIP)

### 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 exists 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.

### Coverage

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; **AND**,
- Tests are administered directly by either a Medicare or Medicaid provider (e.g., psychologist or physician) with an appropriate State license or by a trained technician. The technician who administers the neuropsychological test must be directly supervised by the provider.

## 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

### Covered CPT Codes

- 96101** Psychological testing, Face to Face, interpretation and reporting per hour by a psychologist or physician\*
- 96102** Psychological testing per hour by a technician Face to Face, interpretation and reporting\*
- 96103** Psychological testing by a computer, incl. time for the psychologist's interpretation and reporting\*
- 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

\*Up to 2 hours is appropriate and will be authorized for pre-op bariatric surgery and spinal cord stimulation evaluation.. Anything beyond 2 hours will be subject to a medical necessity review by a secondary reviewer to determine if special circumstances warrant additional hours of testing.

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal/state laws.

## REFERENCES

1. Carter CS, Krener P, Chaderjian M, et al. Asymmetrical visual-spatial attentional performance in ADHD: evidence for a right hemispheric deficit. 1995. *Biological Psychiatry*;37(11):789-797.
2. Feifel D. Attention-deficit hyperactivity disorder in adults. 1996. *Postgrad Medicine*;100(3):207-211, 215-218.
3. Meyer GJ, Finn SE, Eyde LD, Kay GG, Moreland KL, Dies RR, et al. Psychological testing and psychological assessment: a review of evidence and issues. 2001. *American Psychologist*;56(2):128-165.
4. Trommer BL, Hoepfner JB, Lorber R, et al. Pitfalls in the use of a continuous performance test as a diagnostic tool in attention deficit disorder. 1988. *Journal of Developmental and Behavioral Pediatrics*;9(6):339-345.
1. Practice parameter for the assessment and treatment of children and adolescents with attention-deficit/hyperactivity disorder. American Academy of Children and Adolescent Psychiatry Web site. [http://www.jaacap.com/article/S0890-8567\(09\)62182-1/pdf](http://www.jaacap.com/article/S0890-8567(09)62182-1/pdf). Published 2007. Accessed August 7, 2019.
2. ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. American Academy of Pediatrics Web site. <http://pediatrics.aappublications.org/content/pediatrics/early/2011/10/14/peds.2011-2654.full.pdf>. Published 2011. Accessed August 7, 2019.

## MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Clinical Coverage Guideline

page 3

Original Effective Date: 03/06/2014 - Revised: 3/5/2015, 3/3/2016, 6/2/2016, 3/2/2017, 5/4/2017, 4/5/2018, 8/ /2019

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<b>Date</b>	<b>Action</b>
8/7/2019, 4/5/2018	<ul style="list-style-type: none"><li>• Approved by MPC. No changes.</li></ul>
5/4/2017	<ul style="list-style-type: none"><li>• Approved by MPC. Added additional criteria on length of time eligible for approval.</li></ul>
3/2/2017	<ul style="list-style-type: none"><li>• Approved by MPC. No changes.</li></ul>
6/2/2016	<ul style="list-style-type: none"><li>• Approved by MPC. Included additional bullet on p.3 (see "Coverage").</li></ul>
3/3/2016	<ul style="list-style-type: none"><li>• Approved by MPC. No changes.</li></ul>
4/2/2015	<ul style="list-style-type: none"><li>• Approved by MPC. Inclusion of CPT 96101-96103 (related to bariatric surgery requests).</li></ul>
3/5/2015	<ul style="list-style-type: none"><li>• Approved by MPC. No changes.</li></ul>
3/6/2014	<ul style="list-style-type: none"><li>• Approved by MPC. New .</li></ul>