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|  | | <h2 style="text-align: center;">Policy and Procedure</h2> |
| Name of Policy: | Authorization of Psychological and Neuropsychological Testing | |
| Policy Number: | CM-012 | |
| Contracts: | <input checked="" type="checkbox"/> All counties <input type="checkbox"/> Bedford / Somerset <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton | |
| Primary Stakeholder: | Clinical Care Management | |
| Related Stakeholder(s): | All Departments | |
| Applies to: | Associates | |
| Original Effective Date: | 03/09/02 | |
| Last Revision Date: | 10/09/18 | |
| Last Review Date: | 11/06/18 | |
| Next Review Date: | 11/01/19 | |

Policy: PerformCare will authorize requested psychological and neuropsychological testing to address behavioral issues for Members following review and approval by the Physician Advisor or a licensed Psychologist Advisor.

Purpose: To assure the timely review, decision making, and authorization of requests for psychological and neuropsychological testing.

Definitions: None

Acronyms: None

Procedure:

1. Psychological and Neuropsychological Testing require prior authorization.
2. Providers, on behalf of a Member, submit requests for psychological and neuropsychological testing on the PerformCare Psychological and Neuropsychological Testing Request form and include the results of the diagnostic assessment supporting the request when possible. Psychological and Neuropsychological Testing requests are reviewed by a PerformCare licensed Psychologist or Physician Advisor.
3. The Physician / Psychologist Advisor will make a medical necessity decision based upon the following:
 - 3.1. PerformCare Testing Guidelines for HealthChoices.
 - 3.2. Relevant HealthChoices Medical Necessity Criteria as outline in Appendix T of the HealthChoices Program Standards and Requirements.

- 3.3. In consideration of test manuals and current professional standards for Psychological testing such as those published by the American Psychological Association.
4. The PerformCare Physician / Psychologist Advisor is responsible to make this determination and consult with appropriate documentation indicated in number 3.
5. For denial decisions, a PerformCare associate will notify the Member and provider of the denial of the request according to *CM-013 Approval/Denial Process and Notification*.
6. For approval decisions, a PerformCare associate will issue authorization of the service.
7. The Provider is responsible to bill the post testing results discussion with the Member under the testing code.
8. A PerformCare associate will document the receipt of the request, results of review by the Physician / Psychologist Advisor and notification of Member and provider in the Member's medical record.
9. Upon completion of testing, providers are required to mail or fax to PerformCare a copy of the completed test report within 10 calendar days for payment.
10. Additional records related to the request including the complete test report will be scanned into the Member's medical records.
11. PerformCare will audit for failure to follow process or authorization, and finding in either category may result in financial recoupment.

Related Policies: *CM-009 Use of IQ and Adaptive Functioning Testing to Diagnose Intellectual Disabilities.*
CM-013 Approval/Denial Process and Notification

Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** None

Attachments: *Attachment 1 Psychological and Neuro-Psychological Testing Request Form*
Attachment 2 PerformCare HealthChoices Guidelines for Testing
Attachment 3 Guidelines for Psychological-Neuropsychological Tests and Times

Approved by:


Primary Stakeholder