



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Psychological Testing

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Criteria For Medicare Members

Source	Policy
CMS Coverage Manuals	Chapter 15 of the coverage manual, 80.2 - Psychological Tests and Neuropsychological Tests
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

For Non-Medicare Members

Kaiser Permanente has elected to use the MCG* Psychological Testing (B-807-T) for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

*MCG are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

In January 2007, Kaiser Permanente adopted and integrated into its clinical review criteria, the MCG Care Guidelines for determining appropriate levels of care based on symptoms and functional impairment. Kaiser Permanente Behavioral Health Services operationally defines clinically indicated services as "services for mental health conditions that are having a clinically significant impact on an individual's social, medical, and/or occupational functioning."

Explanation to Differentiate Psychological and Neuropsychological Testing

Psychological Testing

Psychological tests assess a range of mental abilities and attributes, including achievement, personality, cognitive, and behavioral functioning. They are used to address a variety of questions about people's functioning, diagnostic classification, co-morbidity, and choice of treatment approach. For example, personality tests and inventories evaluate the thoughts, emotions, attitudes, and behavioral traits that contribute to an individual's interpersonal functioning. The results of these tests determine an individual's personality strengths and

weaknesses, and may identify certain disturbances in personality, or psychopathology. Basic assessment of memory and intellectual functioning is also part of psychological testing.

Psychological Testing is indicated in the following circumstances:

- 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 psychiatric/diagnostic interview, observation in therapy, or an assessment for level of care at a mental health or substance abuse facility; or
- 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.
- A patient has had a recent mild traumatic brain injury (i.e. concussion) and a screening of his/her cognitive status is desired early on after the injury to answer more immediate questions about cognitive and emotional functioning as well as ability to return to accustomed life's activities at that time.
- There has been a recent change in patient's memory (i.e. within past six months) or changes in memory have been present for extended period of time and it is not significant or complex. Psychological testing can clarify /determine extent of memory and cognitive change and impact on functioning.
- Majority of Pre surgical evaluations (spinal cord stimulator, complex spine surgery, bariatric surgery)

Neuropsychological Testing

Neuropsychological testing is a sub classification of psychological testing and is a well-established method for evaluating patients who demonstrate complex cognitive or behavioral abnormalities. Areas of brain functioning that are typically assessed are basic motor and sensory-perceptual functions; attention, concentration, speed and efficiency of information processing; learning and memory functions; language and verbal intellectual functions; spatial, perceptual and nonverbal intellectual functions; reasoning and complex problem solving functions; and executive regulatory and monitoring functions. A Neuropsychological evaluation is both a neuro-diagnostic procedure, as well as the most in-depth and comprehensive way of identifying in individual's cognitive strengths and limitations.

Neuropsychological testing is indicated when:

- There is the presence of a significant cognitive deficit, mental status abnormality, behavioral change, or memory loss that requires quantification, monitoring of change, diagnostic clarification, differentiation of cause (e.g., organic cognitive vs. psychiatric disease) and determination of the patient's ability to function.
- There is the presence of a known neurological disease or condition (i.e. dementia, CVA, traumatic brain injury, multiple sclerosis, Parkinson's, etc.) and testing is needed to determine the impact of the disease or condition on brain functioning and the patient's ability to function in his or her personal situation. Patients with mild traumatic brain injury (TBI) should not be referred prior to 3 months post injury as the majority of mild TBI patients recover essentially back to baseline over the initial 3 months post injury period.
- There is a medically complex, not well understood case with memory and cognitive deficits as significant presenting concerns and/or barriers to effective functioning.
- Further assessment of a patient with persisting cognitive symptoms or complaints is needed where a range of previous workups including but not limited to a Neurology consult, brain imaging, Mini-mental State Examination (MMSE), a previous Clinical Psychological evaluation and so forth have been negative or non-contributory.
- As part of pre and post procedure evaluation for deep brain stimulation procedure for Parkinson's Disease

Summary

When to refer for psychological testing as compared to neuropsychological testing:

- If the primary concern is differential diagnosis (is it bipolar, is it psychosis, is there a personality disorder present), refer for psychological testing.
- Majority of pre surgical evaluation, refer for psychological testing.
- There is the presence of cognitive and/or memory concerns and it has not been present for extended period of time (i.e. greater than six months), and there is not the presence of other complicated medical conditions, refer for psychological testing.
- If cognitive, memory and behavioral concerns have been present for extended period of time, there are significant medical complications, and/or previous assessments (psychological evaluation, neurology consult) have been unable to clarify diagnosis or functioning status of patient, refer for neuropsychological testing.
- Pre surgical evaluation for deep brain stimulation for Parkinson's Disease is referred for neuropsychological testing

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® Codes	Description
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Creation Date	Review Dates	Date Last Revised
09/26/2006	04/06/2010 ^{MDCRPC} , 02/10/2011 ^{MDCRPC} , 12/06/2011 ^{MDCRPC} , 10/02/2012 ^{MDCRPC} , 08/06/2013 ^{MPC} , 06/03/2014 ^{MPC} , 04/07/2015 ^{MPC} , 02/02/2016 ^{MPC} , 12/06/2016 ^{MPC} , 10/03/2017 ^{MPC} , 08/07/2018 ^{MPC} , 08/06/2019 ^{MPC} , 08/04/2020 ^{MPC} , 08/03/2021 ^{MPC} , 08/02/2022 ^{MPC} , 08/01/2023 ^{MPC}	08/04/2020

^{MDCRPC} Medical Director Clinical Review and Policy Committee

^{MPC} Medical Policy Committee

Revision History	Description
02/02/2016	Adopted MCG 19 th Ed. guidelines
12/06/2016	Adopted MCG 20 th Ed. guidelines
10/03/2017	Adopted MCG 21 st Ed. guidelines
08/07/2018	Adopted MCG 22 nd Ed. guidelines
08/04/2020	Added CPT code 96130