



Medical Necessity Criteria for Blue Shield of California Members

Effective Jan. 1, 2012

Human Affairs International of California (HAI-CA) reviews and determines medical necessity for **Blue Shield of California** members using the [Magellan Behavioral Health Medical Necessity Criteria](http://www.MagellanHealth.com/provider) (online at www.MagellanHealth.com/provider).

In addition to the Magellan Behavioral Health Medical Necessity Criteria, HAI-CA has adopted the following criteria for neuropsychological testing.

Neuropsychological Testing

Criteria for Authorization

Neuropsychological testing is an evaluation of cognition, mood, personality, and behavior that is normally conducted by licensed clinical neuropsychologists. Neuropsychological testing provides the basis for the conclusions regarding neurocognitive effects of various medical disorders and assists in the differentiation of psychiatric from neurological disorders. The evaluation includes a formal interview, a review of medical, educational, and vocational records, interviews with significant others, and a battery of standardized neuropsychological assessments. The testing quantifies a patient's higher cortical functioning and may include various aspects of attention, memory, speed of information processing, language, visual spatial ability, sensory processing, motor ability, higher-order executive functioning, and intelligence. The goal of neuropsychological testing may be clarification of diagnosis, determination of the clinical and functional significance of a brain abnormality, or development of recommendations regarding neurological rehabilitation planning, but is always for the purpose of shaping treatment.

Neuropsychological testing should be considered for coverage through the patient's **mental health** benefit when:

1. The referring practitioner is a psychiatrist, neuropsychologist, psychologist, or other behavioral health clinician
2. The primary diagnosis is psychiatric, even though medical problems are involved; the purpose of testing is to clarify whether it is a psychiatric diagnosis (e.g., dementia versus pseudo-dementia; head injury versus anxiety/depression; organic mood versus mood disorder not otherwise specified; organic delusion versus schizophrenia).

Neuropsychological testing should be considered for coverage through the patient's **medical benefit** when:

1. The referring practitioner is a neurologist, primary care physician, surgeon, or pain specialist
2. The primary diagnosis is medical (e.g., multiple sclerosis, head injury, tumors, Alzheimer's disease, stroke).

I. Severity of Need

Criteria A *and* B, AND either C, D, E, F *or* G must be met:

- A. The reason for testing must be based on a specific referral question(s) and this/these specific referral question(s) cannot be answered adequately by means of clinical interview and/or behavioral observations.
- B. The testing results based on the referral question(s) are reasonably expected to provide information that will effectively guide the course of treatment.
- C. Presence of a neurological medical condition with one or more symptoms of a mental disorder such as:

- 1) Disorientation to time and place
 - 2) Fluctuating levels of consciousness
 - 3) Serious impairment of memory
 - 4) Inability to perform simple calculations or abstract tasks
 - 5) Serious circumscribed cognitive deficits, sensory illusions, hallucinations (other than auditory)
 - 6) Problems with body movements, balance and proprioception
- D. A mental status exam, patient history, and neurological consult have preceded the request for neuropsychological testing, and **one** of the following criteria is met:
- 1) There are cognitive deficits that are currently unexplained and thus may point to a neurological disease/dysfunction that requires thorough neurological investigation to be ruled in or out
 - 2) There is already evidence of neurological disease or trauma and neuropsychological testing is needed to determine what capabilities the patient has, what can be expected of him/her, and how the patient might compensate
 - 3) There is a degenerative neurological disease process and neuropsychological testing is needed to establish a baseline of functioning that will directly impact the treatment plan
 - 4) There is a degenerative neurological disease process and neuropsychological testing is needed to assess changes in the patient's capabilities that will directly impact the treatment plan.
- E. Differential diagnosis of a mental disorder due to a neurological or neuroendocrine medical condition versus psychiatric disease when the diagnosis cannot be made through standard psychiatric or medical/neurological examination
- F. Confirming or ruling out conditions in which known or suspected neurological disease is not detected by standard neurodiagnostic procedures
- G. Clinical conditions where there is the likelihood of specific brain-based pathology, and these conditions raise significant diagnostic questions and/or treatment issues may include, but are not limited to:
- 1) Head injuries
 - 2) Dementia
 - 3) Parkinson's disease

- 4) Encephalopathy (when there is a specific medical condition causing progressive loss of functioning e.g., human immunodeficiency virus (HIV) encephalopathy)
- 5) Multiple sclerosis
- 6) Epilepsy (e.g., as part of presurgical treatment planning)
- 7) Exposure to neurotoxins
- 8) Some cases of developmental delay or autism
- 9) Neurologically complicated cases of attention-deficit hyperactivity disorder (ADHD)

H. Determination of the cognitive capacities in patients with brain injuries in order to:

- 1) Establish rehabilitation needs and placement, *and*
- 2) Assist with planning for community re-entry when other planning or therapy has been unable to determine appropriate discharge placement.

II. Intensity and Quality of Care

Criteria A and B must be met:

- A. A licensed doctoral-level psychologist (Ph.D., Psy.D. or Ed.D.), or other qualified provider as permitted by applicable state and/or federal law; administers the tests.
- B. Requested tests must be valid and reliable. The most recent version of the test must be used, except as outlined in *Standards for Educational and Psychological Testing*.⁴³

III. Exclusion Criteria

Psychological testing will not be authorized under the following conditions:

- A. The testing is primarily for educational or vocational purposes.
- B. The testing is primarily for the purpose of determining if an individual is a candidate for a specific medication or dosage.
- C. Unless allowed by the individual's benefit plan, the testing is primarily for the purpose of determining if an individual is a candidate for a medical or surgical procedure.
- D. The testing results could be invalid due to the influence of a substance, substance abuse, substance withdrawal, or any situation that would preclude valid psychological testing results from being obtained (e.g., an individual who is uncooperative or lacks the ability to comprehend the necessary directions for having psychological testing administered).
- E. The testing is primarily for diagnosing attention-deficit hyperactive disorder (ADHD), unless the diagnostic interview, clinical observations, and results of appropriate behavioral rating scales are inconclusive.
- F. Two or more tests are requested that measure the same functional domain.

- G. Testing is primarily for legal purposes, including custody evaluations, parenting assessments, or other court or government ordered or requested testing.
- H. Requested tests are experimental, antiquated, or not validated.
- I. The testing request is made prior to the completion of a diagnostic interview by a behavioral health provider, unless pre-approved by HAI-CA.
- J. The number of hours requested for the administration, scoring, interpretation and reporting exceeds the generally accepted standard for the specific testing instrument(s), unless justified by particular testing circumstances.^{A2}
- K. Differentiating between two or more possible psychiatric diagnoses.
- L. Non-medical uses of testing (e.g., assessing a learning disability and developing an educational or vocational plan).
- M. Repeat testing to track the status of an illness or recovery will require further documentation to support medical necessity.

Bibliography¹

1. Hunsley, J., & Mash, E. (2007). Evidence-based assessment. *Annual Review of Clinical Psychology*, 329-51.
2. Murphy, L. L., Spies, R. A. & Plake, B.S. (Eds.) *Tests in print VII: An index to tests, test reviews, and the literature on specific tests*. Lincoln, Neb. : Buros Institute of Mental Measurements, University of Nebraska-Lincoln, (2006).
3. Standards for Educational and Psychological Testing. Revised (1999) Washington, D.C.: AERA Publications. p. 48.

¹ This is a selected bibliography from all the literature reviewed.