 <p><b>KMTSJ, Inc.</b></p>	DEPARTMENT:	Utilization Management
	SUBJECT:	Psychological and Neuropsychological Testing
	PRODUCT LINE:	ALL
	POLICY NUMBER:	UM117
	ORIGINAL POLICY EFFECTIVE DATE:	05/27/2022
	LAST REVISED DATE:	05/13/2024
	LAST REVIEWED DATE:	05/13/2024

**SCOPE:** To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers the psychological and neuropsychological testing benefit to all members according to their respective policy.

**POLICY:** It is the policy of the Cooperative to review prior authorization requests for psychological and neuropsychological tests to determine medical necessity.

**PROCEDURE: Prior Authorization Required: YES**

PA requests for psychological and neuropsychological testing are considered medically necessary for members who meet all the following criteria:


1. Testing must meet InterQual criteria, AND
2. More conservative methods of evaluating the condition must have been tried, AND
3. Results of testing must impact medical management of the condition, AND
4. The test requested must be age appropriate, AND
5. Test must be medically indicated for the condition, AND
6. Time requested must be appropriate based on standardized guidelines for test administration according to the publisher of the respective test, AND
7. Autism and psychological testing for spinal cord stimulator implantation need to meet the following:
  - a. Autism evaluations: A maximum of 3 hours will be approved for initial autism spectrum disorder (ASD) evaluations for completion of the Autism Diagnostic Observation Schedule (ADOS). A diagnosis of ASD or other qualifying condition must be established before a request for neuropsychological testing will be considered.
  - b. Spinal cord stimulator evaluations: Prior to any approval for psychological testing, the spinal cord stimulator trial must be approved.

Determining time allotted for administering tests

The Buros website is used to determine the time allotted for testing. Go to the Buros website. Click on "Test Reviews and Information." Then, search for the particular test. Then click on the publisher website link which will provide information on test administration time. If the test is not on the Buros website, then do an internet search to find the publisher of the test. One additional hour may be approved when appropriate to allow the provider to give feedback to the member on testing results.

**Exclusions:** Psychological and neuropsychological evaluations and testing for the following indications are not covered.

1. Third party requests: Any examination, evaluation, or other service for information purposes to be provided to another party including but not limited to services for vocational, disability, guardianship,

 <b>KMTSJ, Inc.</b>	DEPARTMENT:	Utilization Management
	SUBJECT:	Psychological and Neuropsychological Testing
	PRODUCT LINE:	ALL
	POLICY NUMBER:	UM117
	ORIGINAL POLICY EFFECTIVE DATE:	05/27/2022
	LAST REVISED DATE:	05/13/2024
	LAST REVIEWED DATE:	05/13/2024

and child custody purposes. These requests are contract exclusions because they are not medically necessary. On commercial cases please reference specific Member Policy for denial reference reasoning. On Medicaid cases, please reference Wisconsin Administrative Code and the definition for medical necessity, DHS 101.03(96m)5 "Is of proven medical value or usefulness...". Services performed that do not lend themselves to medical treatment planning, or services performed solely to provide information to a third party are not considered to meet this standard of medical necessity.

2. Learning difficulties/academic abilities: Testing for educational purposes is a contract exclusion under the medical benefit because testing for learning disabilities is not medically necessary. Federal and state special education legislation requires the school district to evaluate and provide testing for learning disabilities.

APPROVED: Michelle Bauer MD. DATE: 05/13/2024

Formal policies and procedures require department manager review, approval and signature. Executive and/or administrative policies and procedures require CEO/General Manager review, approval and signature.

**REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
01/13/2023	Michele Bauer, MD, CMO	Corrected typo.
01/05/2024	Michele Bauer, MD, CMO	Reviewed. No changes.
05/13/2024	Michele Bauer, MD, CMO	Updated reference reasoning for denying third party requests for testing