

# OHCA Guideline

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| <b>Medical Procedure Class:</b>   | <b>Psychological/Neuropsychological Testing</b>   |
| Initial Implementation Date:  | 9/13/2024   |
| Last Review Date:   | 9/13/2024   |
| Effective Date:   | 9/13/2024   |
| Next Review/Revision Date:  | September 2027  |
| * This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.  |   |
| <input checked="" type="checkbox"/> New Criteria <span style="margin-left: 300px;"><input type="checkbox"/> Revision of Existing Criteria</span>  |   |
| <b>Summary</b>  |   |
| <b>Purpose:</b>   | To provide guidelines to assure medical necessity and consistency in the prior authorization process. |
| <b>Definitions</b>  |   |
| <p><b>Neuropsychological Testing</b> – detailed assessments of cognitive and emotional functioning using standardized assessment tools with integration of findings with other data to determine whether cognitive decline has occurred, to differentiate neurologic from psychiatric conditions, to identify neurocognitive etiologies, and to determine the relationship between neurologic factors and difficulties in daily functioning.</p> <p><b>Psychological Testing</b> – systematic use of tests used to measure and observe a person’s behaviors, emotions, and thoughts.</p>  |   |
| <b>CPT Codes Covered Requiring Prior Authorization (PA)</b>   |   |
| <b>96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, and 96146</b><br>Refer to CPT manual for complete definition of codes.   |   |
| <b>Approval Criteria</b>  |   |
| <p><b>I. GENERAL</b></p> <p>A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service, in the most cost-effective manner, in accordance with the <b>OAC 317:30-3-1 (f)</b>.</p> <p>B. Documentation of medical necessity from a provider contracted with the Oklahoma Health Care Authority (OHCA), shall include <b>ALL</b> the following:</p> <ul style="list-style-type: none"> <li>• Reason for psychiatric/neuropsychiatric testing; and</li> <li>• Specific tests that will be used; and</li> <li>• How many hours will the testing require; and</li> <li>• Who will be performing the tests, and what are their credentials; and</li> <li>• Information to support how the evaluation results will specifically affect goals and objective for the member.</li> </ul> <p><b>II. INDICATIONS</b></p> <p>A. Appropriate indications include <b>ALL</b> the following conditions:</p> <ol style="list-style-type: none"> <li>1. Member is experiencing difficulty in functioning with origins not clearly determined;</li> </ol> <p style="margin-left: 40px;"><b>AND</b></p> |   |

2. An evaluation has been recommended or is being requested by a physician, psychiatrist, psychologist, or a licensed mental health professional; AND
3. Results of the evaluation will directly impact current treatment strategies; AND
4. If member has been tested recently, a different testing battery will be performed.

B. Inappropriate indications include the following:

1. Evaluation results will not directly impact current treatment; AND/OR
2. Evaluation results will be utilized for academic placement/purposes or diagnosis of a learning disorder only.

**Additional Information**

Psychological/Neuropsychological testing will be documented for each date of service performed which should include at a minimum, the objectives for testing, the test administered, the results/conclusions/interpretations of the tests, and recommendations for treatment and/or care based on testing results and analysis.

**References**

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1(f);
2. The Oklahoma Department of Mental Health and Substance Abuse Services;  
<https://oklahoma.gov/odmhsas.html>