

# Psychological and Neuropsychological Testing PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Psychological and Neuropsychological Testing			
PS #: 020	SCO Some Care  SCO Some Care  MA Medicare Premier  MA Medicare Value  RI Medicare Preferred  RI Medicare Value  RI Medicare Walue  RI Medicare Maximum	Prior Authorization Needed?  ☐ Yes ☒ No	
Clinical: 🛛	Operational:	Informational:	
Medicare Benefit: ☐ Yes ☒ No	Approval Date: 10/14/2021;	Effective Date: 2/06/2022;	
Last Revised Date: 4/20/2023;	Next Annual Review Date: 10/14/2022; 4/20/2024;	Retire Date:	

#### **COVERED SERVICES:**

Both neuropsychological testing and psychological testing involve the culturally and linguistically competent administration and interpretation of standardized tests to assess a member's psychological, cognitive, behavioral and emotional functioning. Testing goals include determining identifiable and measurable differences, determining a baseline of functioning, and/or determining a deviation from a baseline of functioning along the domains listed above. Using standardized, valid and reliable testing tools, the psychologist aims to develop a hypothesis regarding the Member's difficulties in functioning, determine an accurate diagnosis, and provide targeted information to guide effective treatment strategies. Testing can include standard psychological as well as neuropsychological assessment procedures. The categories are differentiated from each other by the referral question and the assessment procedures used.

Psychological and neuropsychological testing are subsets of outpatient services and as such, both require the provider of these services to follow Commonwealth Care Alliance's (CCA's) performance specifications for outpatient services in addition to the performance specifications outlined below.

#### **COMPONENTS OF SERVICES:**

Components of service below refer to both psychological and neuropsychological testing.

- A referral which is made due to a mental health and/or substance usediagnosis assessment/treatment need that may or may not have a medical co-morbidity
- Medically driven testing is defined by a referral due to a specific medical (non-psychiatric) assessment/treatment need
- Testing should happen in the context of a comprehensive assessment and treatment plan usually requested by a treating clinician
- When the referral is from a source other than a treating clinician, psychologists are generally required to conduct a diagnostic evaluation for clinically driven test requests



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prior to requesting authorization for the testing. This requirement may be waived by payor to ensure timely access to psychological testing when clinically indicated

- Health records of the Member that are part of the referral process must be maintained by the psychologist including reason for the referral, tests administered, testing results and evaluation/interpretation of the results
- Prior to testing and as part of the intake process, the psychologist reviews the results of any previous testing and thoroughly and thoughtfully interviews the Member to understand the Member's understanding of the testing referral and procedures
- Services are normally available during business and some evening hours
- A licensed psychologist administers and evaluates all testing and evaluations and prepares a comprehensive report that is shared with the Member both orally and in writing
- With the consent of the Member, the oral and written reports are shared with family members and/or other natural supports
- When testing is administered by a psychology intern, postdoctoral fellow, other qualified trainee, or if computerized testing is administered by an assistant, the supervising licensed psychologist attests to the quality of the assessment by their signature on the report
- The testing should be focused on:
  - The resolution of an answerable, clearly- stated clinical question that will inform treatment planning
  - More than one test of a general type is seldom indicated (e.g., two intelligence tests or two personality inventories)
  - Neuropsychological assessment may be warranted when intelligence, personality, or other sources of information such as brief, cognitive measures suggest the possibility of organic impairment. Alternatively, neuropsychological assessment may be requested when there is known neurological dysfunction or injury for the purpose of determining functional strengths/weaknesses or changes

#### STAFFING REQUIREMENTS:

Testing is to be completed by

- A fully licensed and credentialed psychologist with competencies in psychological and neuropsychological assessment
- A qualified trainee or intern under the supervision of a licensed and credentialed psychologist

#### **Training Expectations:**

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and



medical care

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- Best practices in health equity and inclusivity for Members of various racial, ethnic, and cultural backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

#### **Transgender Inclusive and Affirming Expectations:**

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. This expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Making admission decisions without regard to the Member's gender identity
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care

## **Trauma-Informed Care Expectations:**

It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment
- Offering trauma-specific treatment interventions and approaches

#### **CLINICAL CRITERIA:**

Providers are expected to follow Medicare medical necessity guidelines when determining the appropriateness of psychological or neuropsychological testing. Psychological or neuropsychological testing must be reasonably expected to improve the members condition, such as in diagnostic clarification and treatment planning.



# Psychological and Neuropsychological Testing PERFORMANCE SPECIFICATIONS ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:

- To correctly select testing procedures that will target a particular clinical question, the licensed psychologist, psychology intern or qualified trainee administers the testing based on diagnostic information from the referring clinician and from an initial diagnostic interview with the Member
- Testing should only occur when it is clear that the clinical or medical issue in question
  is best answered by psychological and/or neuropsychological testing, and that testing
  will clarify diagnosis and inform related treatment/service planning
- The psychologist ensures that the testing can answer the following questions:
  - Are the diagnostic questions being administered clearand do they fit the clinical context?
  - Will the proposed battery of tests answer the clinical and/or diagnostic question at hand?
- The initial assessment will include:
  - Results and review of any previous testing
  - Clarification of the diagnostic/clinical questions being asked
  - Awareness of the Member's comorbidities including all medical, mentalhealth and/or substance use diagnoses
- Best practices for care include collaboration with Commonwealth Care Alliance Care
  Team. With the approval from the Member and appropriate release of information,
  Providers are expected to contact the CCA Care Team using CCA's Provider Services
  Line 866-420-9332 (option #4) to alert the Members Care Team that the Member is
  receiving services and to discuss any services that might help support the Member for
  seamless continuity of Care

#### **QUALITY MANAGEMENT:**

- The facility/provider will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides
- The facility/provider utilizes a continuous quality improvement process and will include satisfaction surveys to measure and improve the quality of care and service delivered to Members, including their families
- Clinical data must be made available to Commonwealth Care Alliance (CCA) upon request, and must be consistent with CCA's performance standards for Neuropsychological and Psychological testing
- The success of the program and the care and well-being of the members relies on a collaborative partnership with Commonwealth Care Alliance and its provider network
- Providers will comply with all applicable laws and regulations including but not limited
  to any and all applicable Medicare and/or Medicaid laws, regulations and instructions
  of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events
  (SREs). Network providers will comply with all requirements contained in their
  contract with CCA including any corrective actions required by CCA or applicable
  regulatory agencies. A more complete list of SRE's can be found in Section 11 of CCA's
  Provider Manual



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#### **REIMBURSEMENT:**

Please refer to CCA's Covered Services and Prior Authorization PDF in the Provider Manual Link: Here

#### **PAYMENT POLICIES:**

Please refer to CCA's Payment Policies

Link: <u>Here</u>

## **BILLING PROCEDURES:**

Please refer to SECTION 6: Claims and Billing Procedures section in CCA's Provider Manual.

Link: Here

Insurance eligibility must be confirmed on a regular and frequent basis. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center on the Eligibility Verification System (EVS).

#### **APPROVALS:**

CCA Business Process Owner		
Julie Fine	VP, Clinical Strategy & Implementation •	
Print Name	Print Title	
galie ). Fine, LICSA	4/12/2023	
Signature	Date	

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CCA CMO or Designee		
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