



## **320-L NEUROPSYCHOLOGICAL TESTING**

REVISION DATES: 03/01/14, 02/01/14, 10/01/13, 03/01/12

INITIAL  
EFFECTIVE DATE: 10/01/2009

### **DESCRIPTION**

AHCCCS covers medically necessary neuropsychological evaluation services within certain limits for all members, with the exception of the Federal Emergency Services (FES) population (Refer to AMPM Chapter 1100 for FES coverage). It may be covered due to a medical condition or a behavioral health condition dependent on the member presentation. The purpose of this policy is to clarify under what circumstances, whether due to a medical condition or a behavioral health condition, neuropsychological evaluation is reimbursable and by whom.

Neuropsychological testing is specialized psychological testing. Neuropsychological testing seeks to establish presence or absence of organic brain dysfunction or damage and to make inferences concerning brain function. Neuropsychological testing can be an important tool in determining localization of brain dysfunction or damage, or in determining effects of toxic substances, medical conditions or traumatic injury on brain function, or in evaluating progress in individuals undergoing treatment or rehabilitation from a brain insult.

By contrast, psychological testing, in general, (excluding neuropsychological testing) may measure mental functioning such as intelligence, achievement, ability, thought process, perception and personality. Psychological testing is performed in a variety of settings, including schools and employment agencies, and is performed in behavioral health settings when questions arise concerning the individual's psychiatric diagnosis or impact of an individual's intelligence, thought, perception, or personality on behavioral health care.

Neuropsychological evaluation is considered medically necessary when a member has exhibited a change in cognitive function, mental status, memory or behavior due to a confirmed brain disorder, or when a differential diagnosis includes brain dysfunction (damage, disease or trauma). Members referred to a neuropsychologist for assessment may be classified into one of three groups:

1. Members who have known brain damage. Examples include but are not limited to cerebrovascular disorders, head injury, hydrocephalus, Alzheimer's disease, Parkinson's disease, Multiple Sclerosis, Huntington's chorea, tumors, seizures, and infections.



2. Members who have a recognized risk factor for brain damage and who demonstrate a change in behavior that might be the result of disease or injury to the brain. Examples include but are not limited to: systemic illnesses, endocrinopathies, metabolic and electrolyte disturbances, diseases of the kidney, liver, and pancreas, nutritional deficiencies, toxins, including substance abuse (particularly alcohol), conditions producing decreased blood supply to the brain (e.g. trauma, vascular disorders, cardiac disease, pulmonary disease, anemia, carbon monoxide exposure, and complications of anesthesia or surgery).
3. Members in which brain disease or trauma is suspected but no specific etiology or risk factor has been identified. Examples include but are not limited to: members with observed and well-documented changes in behavior or mental deterioration; lack of identifiable risk factors for brain injury; and other potential medical illnesses have been excluded.

Additionally, the results of neuropsychological evaluation must be expected to resolve questions about the member's condition necessary to contribute to a diagnostic or functional determination that will contribute to a change in the treatment plan anticipated to improve the member's condition.

### **REIMBURSEMENT**

The condition of the member determines whether the test is for medical or behavioral health purposes. Tests performed for medical reasons are the responsibility of the medical Contractors. Tests performed for behavioral health reasons are the responsibility of the behavioral health Contractors. Arizona Long Term Care System (ALTCS) Contractors are fiscally responsible for both medical and behavioral health conditions.

If the neuropsychological evaluation is requested for **medical** conditions as described in Section A, Medical Condition and Neuropsychological Evaluation, the reimbursement is the responsibility of the following entities:

1. Acute Care Contractors
2. ALTCS Contractors
3. AHCCCS Administration for Fee-For-Service (FFS) members (Tribal ALTCS, American Indian Health Plan (AIHP) and other FFS members, with the exception of Federal Emergency Services [FES] members)



If the neuropsychological evaluation is requested for **behavioral health** conditions as described in Section B, Behavioral Health Condition and Neuropsychological Evaluation, the reimbursement is the responsibility of the following entities:

1. Integrated Regional Behavioral Health Authorities (Integrated RBHAs) or Regional Behavioral Health Authorities (RBHAs) including Tribal/RBHA (TRBHA).
2. ALTCS Contractors
3. AHCCCS Administration for Tribal ALTCS members or AIHP members treated in an Indian Health Services [IHS] or 638 facility

Once prior authorization approval is given for neuropsychological evaluation, the results of those tests cannot be used to retroactively deny reimbursement for the tests.

#### **AMOUNT, DURATION AND SCOPE**

##### **A. MEDICAL CONDITION AND NEUROPSYCHOLOGICAL EVALUATION**

###### **1. Conditions for Coverage/Reimbursement**

Neuropsychological evaluation is a covered medical service and reimbursable by Acute Care and ALTCS Contractors as well as the AHCCCS Administration for FFS members if both:

- a. The evaluation is necessary to assess the extent of dysfunction and determine an effective medical treatment plan and outcome goals or the evaluation is necessary to effect an expected change in the current medical treatment plan and outcome goals; and
- b. The evaluation is expected to provide additional information regarding the nature and severity of functional problems involving higher mental functions that may be the result of organic brain damage (damage, disease or trauma). Conditions associated with organic brain dysfunction affecting higher mental function include, but are not limited to the following:
  - i. Traumatic Brain Injury/Head Injury
  - ii. Cerebral Vascular Disorders/Stroke
  - iii. Hydrocephalus
  - iv. Epilepsy
  - v. Brain Tumors (Primary or Metastatic; Malignant or Benign)
  - vi. Cerebral Anoxia or Hypoxia



- vii. Exposure to toxic chemicals, substances or treatments that are known to cause toxic effects on the brain (acute or chronic) such as lead poisoning, intrathecal methotrexate, cranial irradiation
- viii. Exposure to infectious diseases that affect brain functions or cause brain damage (e.g., Herpes Encephalitis, Human Immunodeficiency Virus [HIV])
- ix. Chronic and progressive toxic/metabolic encephalopathic states resulting from systemic medical illnesses or conditions
- x. Neurological conditions resulting in chronic deteriorating course of illness affecting brain functions and behavior, including. Multiple Sclerosis, Parkinson's disease, Alzheimer's Disease, Huntington's Chorea, Acquired Immune Deficiency Syndrome (AIDS), and others.
- xi. Prenatal, perinatal, or infant exposure to alcohol or drugs of abuse.

Refer to section C of this policy for limitations

## B. BEHAVIORAL HEALTH CONDITION AND NEUROPSYCHOLOGICAL EVALUATION

### 1. Conditions for Coverage/Reimbursement

Neuropsychological evaluation is a covered behavioral health service and reimbursable by the Integrated RBHA/RBHA/TRBHA, ALTCS Contractor or the AHCCCS Administration for Tribal ALTCS or AIHP members treated in an IHS OR 638 facility if both:

- a. Possible organic brain damage or dysfunction is suspected of contributing to the member's behavioral health disorder (e.g., Mood Disorder, depression with psychosis secondary to traumatic brain injury; Mood Disorder due to Cerebrovascular Accident (CVA) with Major Depressive- Like episode; Inhalant-Induced Persisting Dementia) and
- b. A behavioral health treatment decision rests on the clarification of the possible organic brain damage or dysfunction or other results of the neuropsychological testing.

Refer to section C of this Policy for limitations.

## C. LIMITATIONS

- 1. A neuropsychological evaluation is **not** a covered service by **either** the **medical** or **behavioral** health Contractors when:
  - a. The objective of evaluation is educational planning. The school district is responsible for the cost of evaluation to evaluate conditions such as learning disabilities.
  - b. The individual has permanent, persistent, and static organic brain dysfunction, and it is unlikely that evaluation results would provide new



- information that would be utilized to alter the course of treatment or treatment planning.
- c. The current condition of the member may render evaluation results invalid due to such conditions as:
    - i. Present substance use/abuse or withdrawal
    - ii. Medication regimen that may affect evaluation performance or
  - d. The primary purpose of evaluation is not related to a treatment plan
2. Neuropsychological evaluation is **not** a covered service under the **medical** condition category when a member has behavioral health disorders that are primarily attributable to organic brain damage that results in higher-level mental organic brain dysfunction. Examples include Mood Disorder, depression with psychosis secondary to traumatic brain injury; Mood Disorder due to Cerebrovascular Accident (CVA) with Major Depressive-Like episode; Inhalant-Induced Persisting Dementia. The service is not reimbursable by Acute Care Contractors. However, ALTCS Contractors or the AHCCCS Administration for FFS members as noted in B (1) may be financially responsible if it is determined that the neuropsychological service is medically necessary and covered under behavioral health.

**NOTE:** If the basis of the referral for the neuropsychological evaluation is to obtain treatment recommendations for use of psychotropic medications for these conditions, a direct referral to the Integrated RBHA/RBHA/TRBHA for psychiatric consultation should be made for Acute Care members. Tribal ALTCS members and ALTCS members should be referred to a behavioral health specialist within their system/network. Reimbursement is the responsibility of the Integrated RBHA/RBHA/TRBHA, AHCCCS Administration or ALTCS Contractor as appropriate.

3. Neuropsychological evaluation is **not** a covered service under the **behavioral health** condition category when
  - a. Organic brain damage or dysfunction is not suspected of contributing to the member's behavioral health disorder, or
  - b. Behavioral health treatment is not expected to change due to results of neuropsychological testing.

#### **D. REQUEST FOR PRIOR AUTHORIZATION OF NEUROPSYCHOLOGICAL EVALUATION**

The requesting provider (AHCCCS Contractor provider or Integrated RBHA/RBHA/TRBHA Provider) must submit a request for prior authorization for a neuropsychological evaluation in writing to the appropriate entity (AHCCCS Acute Care Health Plan, Integrated RBHA/RBHA/TRBHA, ALTCS Program Contractor AHCCCS Administration for FFS members) that will include, at a minimum, the following information:

1. The specific reasons why the evaluation is being requested. The specific diagnostic



- or treatment-related question(s) to be answered by the evaluation must be included or the request will be returned to the requesting physician/clinician for completion.
2. The complete list of current diagnoses and medications.
  3. The most recent complete history and physical examination and pertinent findings, including laboratory tests and diagnostic procedures that may be relevant to the evaluation request.
  4. Results of any consultations from sub-specialists in neurology or psychiatry/behavioral health, if available.
  5. Results of any prior psychological evaluation that may be available.
  6. The specific areas of concern for evaluation that could improve the proposed course of treatment or treatment planning.
  7. The desired or expected outcome of treatment identified by the referring practitioner/provider, which may result from the evaluation. Address how this evaluation could benefit or improve the overall treatment approach for the member.

Refer to the following policies for adjunct information related to this Policy:

AMPM Policy 310-B, Behavioral Health Services.

ACOM Policy 206,

Claims Payment Responsibility and Claims Filing/Dispute Process for Behavioral Health.



**CHAPTER 300**  
**MEDICAL POLICY FOR AHCCCS COVERED SERVICES**

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**POLICY 320**  
**SERVICES WITH SPECIAL CIRCUMSTANCES**

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ACOM Policy 409, Intra-Agency Care Coordination.

ACOM Policy 414, Content of Notices of Action for Service Authorization.