



Provider Checklist for Prior Authorization for Neuropsychological Testing

The Health Plan covers medically necessary neuropsychological evaluation services with certain limits. When submitting a Prior Authorization for neuropsychological testing the following information is **required** in order for the Prior Authorization to be reviewed for medical necessity:

(This is not a form. Please use the Prior Authorization Form and include the clinical documentation as indicated below with the Prior Authorization Request)

1. ____ How has the member's cognitive functioning changed? Provide clinical documentation that demonstrates the member has exhibited a change in cognitive functioning, mental status, memory or behavior due to a confirmed brain disorder, or when a differential diagnosis includes brain dysfunction (damage, disease or trauma).

2. ____ Determine if the member falls into one of three categories below and provide clinical documentation of confirmation.
 - a) The member has 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.

 - b) The member has a recognized risk factor for brain damage and who demonstrates 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.)

 - c) The member has a 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.

3. ____ Provide a description of how the results of the neuropsychological evaluation will 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.

(For medical providers)

4. ____ Provide clinical documentation that the medical condition and neuropsychological evaluation meet **both** of the following:

- a) The evaluation is necessary to assess the extent of the 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 damage affecting higher mental functioning 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, HIV)
 - ix. Chronic and progressive toxic/metabolic encephalopathic states resulting from systemic 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, AIDS, and others
 - xi. Prenatal, perinatal or infant exposure to alcohol or drug abuse.

(For Behavioral Health Providers)

5. ____ Provide clinical documentation that the behavioral health condition and neuropsychological evaluation meet **BOTH** of the following:

- a) The member's possible organic brain damage or dysfunction is suspected of contributing to the member's behavior health disorder (e.g. Mood Disorder, depression with psychosis secondary to traumatic brain injury; Mood Disorder due to Cerebrovascular Accident 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.

6. Clinical Documentation must also include the following:

____ Current diagnoses and medications. Results of any consultations from sub-specialists in neurology or psychiatry/ behavioral health, if available. The most recent complete history and physical examination with pertinent findings, including laboratory tests and diagnostic procedures that may be relevant to the evaluation request. Indicate in the clinical documentation if these are present or if they are not.

____ Specific reasons why the evaluation is being requested. The specific areas of concern for evaluation that could improve the proposed course of treatment or treatment planning. ***The specific diagnostic or treatment related questions to be answered by the evaluation must be included or the request will be returned to the requesting physician for completion.***

____ 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.***

7. ____ Include the number of units requested and rationale if requesting more than the 13 units in the prior authorization.