



Psychological and Neuropsychological Testing

MEDICAL NECESSITY CRITERIA (OMHSAS-approved)

Treatment Initiation Criteria

Members must meet all of the following criteria.

- A. The individual has a diagnosis of a mental disorder or condition according to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, which requires and can reasonably be expected to respond to therapeutic intervention.
- B. As a result of disorder or condition the individual is experiencing significant distress or impairment in social, occupational, scholastic or role functioning.
- C. Diagnostic and treatment concerns cannot be answered by other sources of data, consultation or other clinical evaluation processes apart from formal psychological testing or neuropsychological testing.
- D. The formal tests requested by the referral source possess sufficient reliability, validity, and sensitivity to address the diagnostic, treatment planning or functional question(s) generating the request for testing.
- E. Other data that may answer the referral question(s) are unavailable, insufficient or contradictory.
- F. One of the following criteria is also required.
 1. There are multiple diagnostic hypotheses and psychological testing will assist in clarifying the differential diagnoses.
 2. Treatment is not achieving the expected results and appropriate revisions or alternatives are significantly unclear
 3. There is a suspected psychiatric disorder or traits that are interfering with expected progress in treatment which could be identified via formal psychological testing.
 4. The psychological or neuropsychological testing will be used for a clearly articulated purpose that will facilitate the individual's treatment such as to identify specific targets for intervention, formulate a differential diagnosis, or develop a meaningful treatment plan.