



Psychological Testing and Neuropsychological Testing

Description

In most situations, clinical interviews and brief assessments provide sufficient information for diagnosing behavioral health disorders and determining the most appropriate treatment. However, psychological testing is sometimes medically necessary to assist with diagnosis and treatment planning for behavioral health disorders and/or psychological factors affecting medical conditions.

Neuropsychological testing is sometimes medically necessary to assist with diagnosis and treatment planning for underlying mental health conditions associated with a medical, neurological disease, or brain injury. The focus is on associated emotional, behavioral or personality changes/disturbances. In addition to medical and neurological conditions, neuropsychological testing may also be used for certain behavioral health disorders. A neuropsychological assessment generally contains measures to evaluate psychological, cognitive, and physical aspects of the member's presentation.

Psychological and/or neuropsychological testing should be tied to treatment planning, care coordination, and/or differential diagnosis and will not be authorized when the purpose is primarily related to the following conditions: forensic (legal, competency), medical diagnosis, educational, determination of benefits, physical or cognitive habilitation, or rehabilitation. The reason for testing must be based on a specific referral question, or questions, from the treating provider and related directly to the psychiatric or psychological treatment of the individual.

Self-report tests, observation only, or assessments without need for formal interpretation, integration, and report by a licensed Psychologist are not required to be Psychological Testing.

Testing must be conducted by a licensed doctoral-level Psychologist or other qualified provider as permitted by applicable state and/or federal law, who is credentialed by and contracted with CBH.

Psychological testing is inclusive of services provided in the following bed-based levels of care and no prior authorization is needed: AIP, EAC, PRTF, RTFA. Neuropsychological testing may be requested in these bed-based Levels of Care (LOC).

Approval Criteria

Members must meet all 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 a mental health 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.

One of the following criteria is also required:

A. There are multiple diagnostic hypotheses and psychological or neuropsychological testing will assist in clarifying the differential diagnoses.

B. Treatment is not achieving the expected results and appropriate revisions, or alternatives are significantly unclear.

C. There is a suspected psychiatric disorder or traits that are interfering with expected progress in treatment which could be identified via formal psychological or neuropsychological testing.

D. 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.