



## Medical Necessity Criteria for Psychological and Neuropsychological Testing

This set of criteria addresses psychological and neuropsychological testing as components of behavioral health treatment for individuals who have, or are suspected of having, behavioral disorders or conditions as described in the current version of *Diagnostic and Statistical Manual of Mental Disorders (DSM IVTR)*. When used in this context, psychological and neuropsychological testing are used to determine/clarify diagnoses and/or to assist in treatment planning.

I. Psychological and neuropsychological testing have valid uses unrelated to the provision of behavioral health treatment for individuals with known or suspected behavioral disorders or conditions. This criteria set does not address testing for activities other than the provision of behavioral treatment. Such testing is sometimes covered by Physical Health HealthChoices Managed Care Organizations. In addition, psychological and neuropsychological testing may be administered to individuals with known or suspected behavioral disorders or conditions in circumstances unrelated to the provision of behavioral health treatment. **Under the following circumstances psychological and neuropsychological testing is not authorized:**

A. The testing is a routine part of an intake assessment and does not otherwise meet the criteria described below. Testing needs to be prescribed for a specific behavioral health purpose, above and beyond routine intake assessment/screening.

B. The testing results are intended predominantly to determine academic placement. HealthChoices is not to supplant the school district's responsibility for providing the necessary testing to determine the appropriate classroom setting.

C. The testing results are intended to determine and/or re-determine an individual's eligibility for MR waiver services. Determination and/or re-determination of eligibility for MR waiver services is the responsibility of the County MR Program Office. The BH-MCO's responsibility is limited to performing standardized intelligence tests in those rare circumstances in which an individual has not had previous testing or when records of past testing do not accurately reflect the individual's current abilities. Adaptive functioning tests are the responsibility of the County MR Office. HealthChoices is not intended to supplant services when there is adequate testing or testing records from the Department of Education that meet the American Association on Mental Retardation (AAMR) standard for standardized testing, or other resources such as the activities associated with a QMRP, that are performed by the County Mental Retardation Office.

D. The testing results are for rehabilitative purposes related to non-behavioral medical conditions.

E. The testing is solely the result of litigation or a court order related to family custodial, or marital issues unrelated to behavioral health treatment.

Reproduced with the permission of The Mihalik Group, LLC.

© 2011 The Mihalik Group, LLC

May not be reproduced without the express written consent of The Mihalik Group, LLC.



F. The same or an equivalent type of testing can, or is mandated to, be provided by another organization or institution with which the individual is involved (e.g., a school, County MR Office employer, or governmental organization).

G. The testing is a self-report test With the exception of formal interpretation and written report for the MMPI by a licensed psychologist.

**II. All of the following psychological and neuropsychological service setting criteria are required.**

A. Psychological and neuropsychological testing are provided and administered on a face to face basis limited to behavioral health professionals licensed, certified or registered to practice independently and trained to administer the appropriate assessment instruments.

B. Psychological and neuropsychological testing are only performed to the extent necessary to answer the referral question(s).

C. Valid, reliable, and appropriate instruments are used to efficiently answer the referral question(s) or to assist in determining whether or not additional psychological testing is medically necessary.

D. The choice of psychological and neuropsychological testing instruments is based on the unique clinical presentation of the individual and the specific referral question(s).

E. The most current versions of tests supported by scientific research and for which appropriate normative information is available are used.

**III. Each of the following general criteria is required throughout the episode of care.**

A. The service must be consistent with nationally accepted standards of medical practice.

B. The tests administered must specifically address the referral question to be answered by the testing and consistent with behavioral health symptoms.

C. The service must be reasonably expected to help restore or maintain the individual's health or to improve or prevent deterioration in the individual's behavioral disorder or condition. (When applied to psychological and neuropsychological testing, this criterion is interpreted to mean that the results of the testing should be reasonably expected to meaningfully impact on, or direct, treatment or treatment planning).

D. The individual complies with the essential elements of treatment. (When applied to psychological and neuropsychological testing, this criterion is interpreted to mean that there is a reasonable expectation that the individual can and will cooperate with the testing).

E. The services are not primarily for the convenience of the individual, provider or another party.

Reproduced with the permission of The Mihalik Group, LLC.

© 2011 The Mihalik Group, LLC

May not be reproduced without the express written consent of The Mihalik Group, LLC.



**IV. Each of the following admission criteria is required.**

- A. Based on a behavioral health history and mental status evaluation completed by a behavioral health professional licensed, certified, or registered to practice independently prior to testing, the individual is diagnosed as having, or there is strong presumptive evidence that 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 that requires, and is likely to respond to, professional therapeutic intervention. (The behavioral health history and mental status evaluation should be conducted by the behavioral health professional responsible for the testing.)
- B. As a result of the mental or substance related disorder or condition the individual is experiencing significant distress or impairment in social, occupational, scholastic or role functioning. (Transient, expected reactions to psychosocial stressors are not sufficient to meet this criterion.)
- C. There are formal tests with sufficient reliability, validity, and sensitivity to address the diagnostic, treatment planning or functional question(s) posed by the referral source.
- D. Other data that may answer the referral question(s) are unavailable, insufficient or contradictory.
- E. The referral question(s) cannot be answered by other sources of data, consultation or other clinical evaluation processes.

**V. One of the following admission criteria is also required.**

- A. There are multiple diagnostic hypotheses and psychological or neuropsychological testing is the most efficient way to conduct a differential diagnostic assessment.
- B. There is suspected Axis II disorder or traits that are interfering with expected progress in treatment.
- C. There is a suspected cognitive or organic disturbance that is likely to explain the individual's impairment in functioning or ability to benefit from behavioral health treatment.
- D. Treatment is not achieving the expected results and appropriate revisions or alternatives are significantly unclear.
- E. 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.

Reproduced with the permission of The Mihalik Group, LLC.

© 2011 The Mihalik Group, LLC

May not be reproduced without the express written consent of The Mihalik Group, LLC.