

<b>Comprehensive Behavioral Health Management/College Health IPA Policy and Procedure Manual</b>	
<b>Policy Name:</b> Clinical Indicators: Psychological Testing	<b>Utilization Management</b>
<b>Date:</b> 12-06 <b>Reviewed by QI Committee:</b> 12-06, 11-07 <b>Revised by QI Committee:</b> 12-06	<b>Page:</b> 1 of 2 <b>Policy Number:</b> UM-3.6

**Purpose:** The purpose of this guideline is to ensure that Comprehensive Behavioral Health Management/College Health IPA (CBHM/CHIPA) manages all cases according to current clinical guidelines. It is important that each patient receive the appropriate level and intensity of care in relation to available resources and the biopsychosocial needs of the patient.

## **Policy:**

### 1.0 Description

Emphasis of utilization management is on providing effective and necessary care. This guideline is used for determining if the clinical needs of the patient require psychological testing.

### 2.0 Criteria for Authorizing Psychological Testing

A patient meets criteria for psychological testing when the criteria set forth below have been met.

- 2.1 A clear, specific rationale for testing must be provided.
- 2.2 Testing is requested to address a specific clinical question that cannot be answered through a comprehensive biopsychosocial evaluation and patient observation or through a specific medical workup.
- 2.3 Requested tests must be validated and reliable and must be age, developmentally, linguistically, and culturally appropriate to the patient. Provider must use latest edition of each requested test to ensure relevancy.
- 2.4 The testing results will clearly impact the treatment plan or outcome of therapy.
- 2.5 The clinical question is not purely educational or vocational in nature.
- 2.6 The psychological testing request is not related to medical procedures, work or court order or proceeding.

### 3.0 Procedure

- 3.1 When a member, or a treating clinician who is not a licensed psychologist, calls requesting authorization for psychological testing, the intake specialist refers the member to a contracted clinical psychologist for an initial evaluation.
- 3.2 If the clinical psychologist determines that psychological testing is indicated h/she completes the CHIPA Psychological Testing Plan and faxes it to CHIPA for review by a CHIPA clinician.
- 3.3 The CHIPA clinician reviews the request against the criteria noted above.
  - 3.3.1 If the above criteria are met, the CHIPA clinician approves the request. Hours of testing authorized are determined using the Psychological Testing Compendium. Psychological testing is authorized in one-hour increments and the authorized time includes time needed for scoring, reporting and coordination of care. Psychological testing will be authorized only to a licensed doctoral level psychologist. In cases where the testing psychologist is not the primary mental health service provider,

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one additional follow-up session may also be authorized to the testing psychologist when requested.

3.3.2 If the above criteria are not met, the CHIPA clinician forwards the request to the Medical Director/Physician Advisor for review and determination. If the Medical Director/Physician Advisor recommends a denial determination or makes a denial determination, Policy UM-6 “Denials and Appeals” is followed.

3.4 In cases where CHIPA is not delegated to authorize psychological testing, the Psychological Testing Plan is forwarded to the member’s health plan for determination.

**URAC Standard**

UM 1 – Review Criteria Requirements