

<b>Beacon Comprehensive Behavioral Health Management 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, 9-08, 9-09, 01-10, 9-10. 6-11, 9-11 <b>Revised by QI Committee:</b> 12-06, 9-08, 9-09, 01-10, 9-10, 6-11, 9-11	<b>Page:</b> 1 of 2 <b>Policy Number:</b> UM-3.6

**Purpose:** The purpose of this guideline is to ensure that Beacon Comprehensive Behavioral Health Management (Beacon CBHM) 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 (UM) 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 ALL the criteria set forth below have been met.

- 2.1 Prior to submission of a testing request, there must have been an assessment of psychosocial factors and mental health history by the requesting provider; and
- 2.2 Rationale for testing is to clarify and/or determine a mental health diagnosis to aid in treatment planning; and
- 2.3 The diagnosis cannot be determined following a comprehensive biopsychosocial evaluation and patient observation or a specific medical workup; and
- 2.4 Requested tests must be empirically validated and reliable and must be age, developmentally, linguistically, and culturally appropriate to the patient. Provider must use the edition of each requested test, which meets current community standards for testing to ensure relevancy; and
- 2.5 The testing results will clearly impact the treatment plan or outcome of therapy.
- 2.6 The clinical question is not purely educational or vocational in nature; and
- 2.7 The psychological testing request is not related to medical procedures, work or court order.

### 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 specializing in testing for an initial evaluation.
- 3.2 If the clinical psychologist determines that psychological testing is indicated h/she completes the Psychological Testing Plan and faxes it to Beacon CBHM for review by a licensed clinician.
- 3.3 The Beacon CBHM clinician reviews the request against the criteria noted above.
  - 3.3.1 If the above criteria are met, the Beacon CBHM clinician approves the request. Hours of testing authorized are determined using the Psychological Testing Compendium, or *Tests in Print, Edition VII*.

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Psychological testing is authorized in one-hour increments and the authorized time includes time needed for scoring, reporting and coordination of care. Authorization also includes one individual or family therapy session to provide results and treatment recommendations. Psychological testing will be authorized only to a licensed doctoral level psychologist.

- 3.3.2 If the above criteria are not met, the Beacon CBHM clinician forwards the request to the Medical Director/Physician Advisor or a representative of appropriate licensure at the member’s health plan for review and determination. If the Medical Director/Physician Advisor or health plan representative recommends a partial or full denial determination or makes a partial or full denial determination, Policy UM-6 “Denials and Appeals” is followed.
- 3.4 In cases where Beacon CBHM is not delegated to authorize psychological testing, the Psychological Testing Plan is forwarded to the member’s health plan for determination.