

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING

I. **Definition of Service:**

Psychological testing involves the culturally and linguistically competent administration and interpretation of standardized psychological tests to assess an individual's psychological or cognitive functioning. Psychological testing is an outpatient service that must be pre-authorized, unless it is included in the negotiated per diem rate for a facility or program. Psychological testing is not subject to the more stringent review timelines for emergent or urgent care requests. Requests for testing must be determined within a ten (10) day period.

II. **Approval Criteria:**

All of the following criteria are necessary for approval:

- A. Testing may be authorized only for a specific diagnostic purpose or treatment need after other evaluation methods (i.e., clinical interview, brief rating scales) have proved ineffective; it should not be considered medically necessary as a routine part of the diagnostic or treatment process.
- B. The individual has not responded to standard treatment with no clear explanation of treatment failure, and testing will have a timely effect on the individual's treatment plan.
- C. Psychological and neuropsychological testing must be performed by a licensed clinical psychologist with appropriate training in the administration and interpretation of psychological tests.

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors may change the risk assessment and should be considered when making level of care decisions. Particular care should be taken when testing individuals with limited literacy skills or individuals who have limited understanding of the English language. Many psychological tests do not have normative data for these special populations.

III. **Exclusion Criteria:**

Any of the following criteria are sufficient for exclusion from this service:

- A. Testing was administered within the last year, and there is no strong evidence that the patient's situation or functioning is significantly different.
- B. Testing is primarily for educational purposes. In most instances, assessment of learning disabilities, developmental disabilities, or autism spectrum disorders is provided by the school system according to federal mandate PL 94-142.
- C. Testing is primarily for legal purposes.
- D. Testing is requested within 30 days of active substance abuse.
- E. Testing is primarily for medical guidance, cognitive rehabilitation, or vocational guidance.

- F. Testing appears to be more routine, rather than medically necessary (e.g., testing is requested for all new patients or for all children in out-of-home placement).
- G. Testing provider is not credentialed as a psychologist and/or does not have appropriate training and experience in the administration and interpretation of testing instruments.
- H. Proposed testing measures have no standardized norms or documented validity.
- I. The time requested for a test/test battery falls outside of ValueOptions' established time parameters.
- J. Patient's symptoms of acute psychosis, confusion, delirium, or disorientation are interfering with the validity of proposed testing instruments.
- K. The diagnosis of Attention Deficit Hyperactivity Disorder, in most instances, can be made without psychological testing. Psychological testing would be approved only after the provision of a thorough evaluation, which has included a developmental history of symptoms and administration of rating scales. Information gathering from objective sources, such as school teachers, is strongly preferred. If ADHD is indicated from this initial work-up, referral to a physician would be appropriate.
- L. Testing for purposes of child custody determination or visitation arrangements.
- M. Testing for bariatric surgery.
- N. Testing for non-covered conditions such as dementia, traumatic brain injury, or other organic brain syndromes.

IV. Continued Stay Criteria:

Does not apply.

V. Discharge Criteria:

Does not apply.

VI. Frequency of Review:

Does not apply.

VII. Clinical Resources:

ValueOptions National Guideline "*Psychological/Neuropsychological Testing*" (2.604), revised 11/18/09.

ValueOptions Colorado Partnerships Policy and Procedure "*Psychological Testing*" (224L), revised 7/9/2010.