Clinical Review Criteria for Psychological Testing

I. Criteria for Approval

A. Requires identification or clarification of diagnosis(es) to improve behavioral health and medical care or track changes over time in level of psychological functioning that would potentially impact treatment decisions.

B. Individual presenting with psychiatric symptoms and functional impairment that requires clarification of diagnosis or further assessment due to treatment non-response. Psychological testing may be appropriate in cases where the differential diagnosis is especially complex.

C. Results of psychological testing are likely to lead to changes in treatment plan.

D. Prior clinical evaluation that includes, but not necessarily limited to: history of psychiatric illness, participation and response to treatment, substance abuse history, treatment history, mental status exam, and assessment of risk.

II. Required Documentation

A. Testing Prior Authorization Request Form

III. What is Not Covered

- Testing for educational purposes
- Testing for the diagnosis of Attention-Deficit/Hyperactivity Disorder
- Second testing request in a 12-month period

**Exception:** there has been a significant change in presentation or functioning

IV. Summary of Changes

06/29/2017
- Added medical disclaimer
V. Review Dates

HNE Review Dates: 04/29/2017
MHI Review Dates: 06/29/2017
Medical Guideline Disclaimer
The treating physician or primary care provider must submit to Minuteman the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Minuteman will not be able to properly review the request for prior authorization. The clinical review criteria expressed herein reflects how Minuteman determines whether certain services or supplies are medically necessary. Minuteman established the clinical review criteria based upon a review of currently available clinical information (including, without limitation clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). Minuteman expressly reserves the right to revise these criteria as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by Minuteman. If there is a discrepancy between this policy and a member’s benefit program, the benefit program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the federal government or the Centers for Medicare & Medicaid Services (CMS). Minuteman has adopted the herein policy in providing management, administrative and other services to its members.