



Clinical Review Criteria for Psychological Testing

Criteria for Approval

1. 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.
2. 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.
3. Results of psychological testing are likely to lead to changes in treatment plan.
4. 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.

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

Required Documentation:

Testing Prior Authorization Request Form