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## GUIDELINES FOR OUTPATIENT PSYCHOLOGICAL TESTING

The goal of outpatient psychological testing is to gain an increased understanding of the patient that cannot be accomplished with other available methods.

**Prior authorization is required for all outpatient psychological testing.** For the testing to be authorized, the following requirements must be met:

- The request for prior authorization must come from a licensed behavioral health care provider.
- The member must have been diagnosed with a psychiatric illness by a licensed mental health provider.
- The diagnosis must be based on a face-to-face evaluation between the mental health provider and the member.
- Symptoms of this illness must meet the definitions as described in the Diagnostic and Statistical Manual of Mental Disorder, Edition IV (DSM-IV).
- Prior to testing, a psychiatric diagnostic interview exam (90801) must be completed.

A **Psychological Testing Prior Authorization Request** form must be completed and submitted to UHA Health Care Services for authorization.

A clear, specific rationale for testing must be provided. The rationale provided and the results of the testing must be likely to have a positive impact on treatment.

**The following guidelines must be met for testing benefits to be eligible for authorization:**

1. The reason for testing must be based on a specific referral question or questions from the treating provider and related directly to the psychiatric or psychological treatment of the member; and
2. The specific referral question or questions cannot be answered by means of diagnostic assessment and /or behavioral observations; and
3. The specific referral question or questions and testing results will have a meaningful impact on the course or outcome of therapy.

In most circumstances, a diagnostic assessment is sufficient to determine a member's diagnosis and treatment plan. For psychological testing to be eligible for authorization, the provider must clearly delineate why an assessment and/ or behavioral observations are not adequate, as well as explain how testing is likely to answer the referral question(s).

As with general psychological testing, **neuropsychological testing** will be considered for authorization when the provider clearly delineates why other sources of information are insufficient to answer the specific referral question(s).

**The following guidelines are considered by UHA Health Care Services when making an authorization determination:**

1. The results of testing are necessary to rule in or rule out diagnostic conditions when known or suspected neurological disease is not detected or is not certain through the use of standard psychiatric and medical neuro-diagnostic procedures.
2. The results of testing are required to determine the member's baseline neuro-cognitive functioning capabilities and/or changes in status/functioning **and** are necessary to assist with treatment planning.
3. The results of testing are necessary to determine the member's cognitive rehabilitation needs and/or discharge planning or placement needs.

4. The results of testing are necessary to provide differential diagnosis of a psychiatric disorder versus a neurological or neuro-endocrine medical condition with cognitive and/or psychiatric symptoms.
5. The results of testing are needed in the assessment of clinical conditions where there is the likelihood of specific brain-based pathology, including head injuries, dementia, encephalopathy (when there is a specific medical condition causing progressive loss functioning), multiple sclerosis, epilepsy, exposure to neurotoxins, and some cases of developmental delay or disorder, *and* these conditions raise significant diagnostic questions and/or treatment issues.

**Reasons for non-authorization—Psychological testing may be denied for the following circumstances:**

1. Testing is primarily for educational or vocational purposes.
2. Testing results may be invalid due to the active influence of a substance, substance abuse withdrawal, or similar cause.
3. Testing is primarily for diagnosing Attention Deficit Hyperactive Disorder (ADHD) unless the diagnostic interview, clinical observations, and results of appropriate rating scales are inconclusive.
4. Two or more tests are requested that essentially measure the same functional domain.
5. Testing is primarily for legal purposes including custody evaluations, parenting assessments, or other court or government ordered or requested testing.
6. Testing is made prior to the completion of a diagnostic interview by a behavioral health provider.