Policy:	GG.1549
Title:	**Psychological Testing for Mental Health Conditions**
Department:	Medical Management
Section:	Behavioral Health Integration
CEO Approval:	*/s/ Michael Hunn 12/16/2024*
Effective Date:	01/01/2018
Revised Date:	12/01/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the process by which CalOptima Health Members may obtain Medically Necessary Psychological Testing for Mental Health Conditions.

II. POLICY

A. CalOptima Health shall provide Psychological Testing to Members when Medically Necessary and in accordance with CalOptima Health Policies GG.1900: Behavioral Health Services, and MA.7020: Behavioral Health Services.

B. The criterion for Medically Necessary Psychological Testing is based on most current guidelines pursuant to CalOptima Health Policy GG.1535: Utilization Review Criteria and Guidelines.

C. CalOptima Health shall ensure that, unless otherwise excluded, all Psychological Testing for Members are provided by mental health Providers.

D. Prior Authorization criteria for Psychological Testing shall include all of the following:

1. Clinical indication identified to evaluate a Mental Health Condition(s);

2. Tests utilized to identify a need for Psychological Testing must be published, valid, and in general use as evidenced by their presence in the current edition of the Mental Measurement Yearbook, or Tests in Print or Most Current Edition by their conformity to the Standards for Educational and Psychological Tests of the American Psychological Association;

3. Testing is not routine (e.g., a standard test battery administered to all new Members); and

4. Tests are administered by a licensed psychologist and or other clinician for whom testing falls within the scope of their clinical license and who has specialized training in psychological testing.

E. Psychological Testing excludes educational testing or testing requested by the legal system.

F. Mental health Providers shall submit Prior Authorization requests for Psychological Testing, in accordance with this Policy.

G. A Member shall be entitled to Appeals and Grievance procedures in accordance with CalOptima Health Policies, GG.1510: Appeal Process, HH.1102: Member Grievance, MA.9002: Enrollee Grievance Process, MA.9003: Standard Pre-Service Appeal, MA.9004: Expedited Pre-Service Appeal, and HH.1108: State Hearing Process and Procedures.

H. Neuropsychological testing requests to evaluate the impact of a Mental Health Condition (e.g., schizophrenia) on brain functioning shall be authorized and reviewed pursuant to Sections III.A.-C. of this Policy.

I. Neuropsychological testing requests to evaluate a medical condition (e.g., seizure disorder, traumatic brain injury (TBI)) shall be reviewed in accordance with the Member's assigned Health Network or CalOptima Health's procedure for medical utilization management review.

J. Psychological Testing requests to determine underlying Mental Health Conditions for the purpose of medical procedures (i.e., Bariatric and Transgender services) shall be reviewed and authorized pursuant to Sections III.A.-C. of this Policy.

III. PROCEDURE

A. To obtain Prior Authorization for Psychological Testing, the rendering mental health Provider shall submit a completed CalOptima Health's Behavioral Health - Authorization Request Form (BH-ARF), CalOptima Health's Psychological Testing Pre-Authorization Request Form, and any relevant clinical documents to CalOptima Health.

B. CalOptima Health shall review submitted BH-ARF, CalOptima Health's Psychological Testing Pre-Authorization Request Form, and all relevant clinical documents based on most current guidelines pursuant to CalOptima Health Policy GG.1535: Utilization Review Criteria and Guidelines.

C. CalOptima Health shall render a decision and provide notification to the rendering mental health Provider (and Member when applicable) pursuant to CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.

D. If a request for Psychological Testing is denied on the basis that the services are not Medically Necessary, and the Member, the Member's Authorized Representative, or rendering provider appeals the decision, the decision shall be subject to review in accordance with CalOptima Health Policies, GG.1510: Appeal Process, HH.1102: Member Grievance, MA.9002: Enrollee Grievance Process, MA.9003: Standard Pre-Service Appeal, MA.9004: Expedited Pre-Service Appeal, and HH.1108: State Hearing Process and Procedures.

IV. ATTACHMENT(S)

A. Behavioral Health-Authorization Request Form (BH-ARF)
B. Psychological Testing Pre-Authorization Request Form

V. REFERENCE(S)

A. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC., American Psychiatric Association, 2022
B. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

C. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
D. CalOptima Health Policy GG.1510: Member Appeal Process
E. CalOptima Health Policy GG.1535: Utilization Review Criteria and Guidelines
F. CalOptima Health Policy GG.1900: Behavioral Health Services
G. CalOptima Health Policy HH.1102: Member Grievance
H. CalOptima Health Policy HH.1108: State Hearing Process and Procedures
I. CalOptima Health Policy MA.7020: Behavioral Health Services
J. CalOptima Health Policy MA.9002: Enrollee Grievance Process
K. CalOptima Health Policy MA.9003: Standard Pre-Service Appeal
L. CalOptima Health Policy MA.9004: Expedited Pre-Service Appeal
M. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-006: Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services (Issued 04/08/2022) (Supersedes APL 17-018)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
03/09/2018	Department of Health Care Services (DHCS)	Approved as Submitted
07/29/2022	Department of Health Care Services (DHCS)	Approved as Submitted - AIR

VII. BOARD ACTION(S)

Date	Meeting
12/07/2017	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2018	GG.1549	Authorization for Psychological Testing for Mental Health Conditions	Medi-Cal
Revised	04/01/2022	GG.1549	Psychological Testing for Mental Health Conditions	Medi-Cal One Care One Care Connect
Revised	12/31/2022	GG.1549	Psychological Testing for Mental Health Conditions	Medi-Cal OneCare
Revised	04/01/2023	GG.1549	Psychological Testing for Mental Health Conditions	Medi-Cal OneCare
Revised	12/01/2024	GG.1549	Psychological Testing for Mental Health Conditions	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Appeal	Medi-Cal: A review by CalOptima Health of an adverse benefit determination, which includes one of the following actions: 1. A denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for Medical Necessity, appropriateness, setting, or effectiveness of a Covered Service; 2. A reduction, suspension, or termination of a previously authorized service; 3. A denial, in whole or in part, of payment for a service; 4. Failure to provide services in a timely manner; or 5. Failure to act within the timeframes provided in 42 CFR 438.408(b). OneCare: Any of the procedures that deal with the review of an adverse initial determination made by CalOptima Health on health care services or benefits under Part C or D the Member believes he or she is entitled to receive, including a delay in providing, arranging for, or approving the health care services or drug coverage (when a delay would adversely affect the health of the Member), or on any amounts the Member must pay for a service or drug as defined in 42 CFR §422.566(b) and §423.566(b). These procedures include reconsideration or redetermination, a reconsideration by an independent review entity (IRE), adjudication by an Administrative Law Judge (ALJ) or attorney adjudicator, review by the Medicare Appeals Council (MAC), and judicial review.
Authorized Representative	Medi-Cal: Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member. OneCare: Has the meaning given to the term Personal Representative in section 164.502(g) of Title 45 of the Code of Federal Regulations. A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting in loco parentis who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in CalOptima Health Policy HH.3009: Access by Member's Personal Representative.

Term	Definition
Grievance	Medi-Cal: Any expression of dissatisfaction about any matter other than an Adverse Benefit Determination (ABD), and may include, but is not limited to the Quality of Care or services provided, aspects of interpersonal relationships with a Provider or CalOptima Health's employee, failure to respect a Member's rights regardless of whether remedial action is requested, and the right to dispute an extension of time proposed by CalOptima Health to make an authorization decision. A complaint is the same as Grievance. An inquiry is a request for more information that does not include an expression of dissatisfaction. Inquiries may include, but are not limited to, questions pertaining to eligibility, benefits, or other CalOptima Health processes. If CalOptima Health is unable to distinguish between a Grievance and an inquiry, it must be considered a Grievance. OneCare: An expression of dissatisfaction with any aspect of the operations, activities or behavior of a plan or its delegated entity in the provision of health care items, services, or prescription drugs, regardless of whether remedial action is requested or can be taken.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Medical Necessity/Medically Necessary	Medi-Cal: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain, or maintain functional capacity, or improve, support, or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child. OneCare: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.

Term	Definition
Member	A beneficiary enrolled in a CalOptima Health program.
Mental Health Conditions	Disorders that affect your mood, thinking and behavior.
Prior Authorization	Medi-Cal: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so. OneCare: A process through which a physician or other health care Provider is required to obtain advance approval, from CalOptima Health and/or a delegated entity, that payment will be made for a service or item furnished to a Member.
Provider	Medi-Cal: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so. OneCare: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.
Psychological Testing	Psychological Testing is the use of standardized assessment tools to gather information relevant to a member's intellectual and psychological functioning. Psychological testing can be used to determine differential diagnosis and assess overall cognitive functioning related to a member's mental health or substance use status. Test results may have important implications for treatment planning.