



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Clinical Practice	Procedure: Psychological Testing	
Last Updated: 04/23/2025	Owner: Chief Clinical Officer	Pages: 3

I. PURPOSE:

To define and describe the operational guidelines for determining the need for psychological testing.

II. DEFINITIONS:

Medical Necessity

Determination that a specific service is medically (clinically) appropriate; necessary to meet needs; consistent with the person's diagnosis, symptomatology, and functional impairments; is the most cost-effective option in the least restrictive environment; and is consistent with clinical standards of care. The medical necessity of a service shall be documented in the individual plan of service (IPOS).

III. PROCEDURE:

A. Psychological Testing Requests

1. Medicaid may cover psychological testing that is reasonable and necessary for diagnosing a person's served condition, developmental status, strengths, and needs.
2. Psychological testing may be conducted to answer clinical questions that may lead the family to apply for guardianship.
 - a. Psychological testing for the purpose of determining the need for a guardian may not be a Medicaid Covered Specialty Supports and Service unless it meets medical necessity criteria.
 - b. This type of testing must be conducted using MCCMH general funds and will be reviewed on an individual basis.
3. Requests to rule out ADHD testing for school aged persons served may be the responsibility of the appropriate school district if the purpose of testing is for school related concerns.

4. Any inquiries on the appropriateness of testing may be made by emailing psychtestingrequests@mccmh.net.

B. Psychological Testing Process

1. The primary case holder develops a measurable goal and objective related to the testing being requested in accordance with the person-centered planning process, including the date that the testing will be provided by.
 2. A recent prescription from a treating physician, within the past six (6) months, must be placed in MCCMH's FOCUS Electronic Medical Record (EMR). The prescription must:
 - a. Indicate the purpose of testing; and
 - b. Be scanned and uploaded to MCCMH's EMR under the *Medical Section > External Prescriptions* and titled 'Psych Testing Script.'
 3. The primary case holder completes the Psychological Testing Referral and Decision Form and emails it to psychtestingrequests@mccmh.net
 4. The primary case holder submits the prior authorization request for the Psychological Evaluation (one (1) unit of 9613X) in the FOCUS EMR.
- C. The MCCMH CCO has fourteen (14) calendar days to make a medical necessity determination on these requests.**
1. When it is determined that the person served meets the medical necessity criteria for the authorization of psychological testing, then the authorization is approved in the FOCUS EMR, and an electronic notification is sent to the primary clinical provider.
 2. When it is determined that the person served does not meet the medical necessity criteria for the authorization of psychological testing, the authorization is denied in the FOCUS EMR, and an electronic notification is sent to the primary clinical provider. A Notice of Adverse Benefit Determination is sent to the person served and/or their legal guardian.
- D. For approved decisions, the psychologist schedules an appointment for testing and completes a progress note with the necessary information.**

III. REFERENCES:

42 CFR 438.210, "Coverage and Authorization of Services"

IV. RELATED POLICIES:

- A. MCCMH MCO Policy 2-020, "Specialized Health Care Services"

B. MCCMH MCO Policy 12-004, “Authorization of Services”

V. EXHIBITS:

Psychological Testing Referral and Decision form

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	04/23/2025	Creation of Procedure.	MCCMH Chief Clinical Officer