

## REQUEST FOR PSYCHOLOGICAL TESTING PREAUTHORIZATION

### Instructions

The *Request for Psychological Testing Preauthorization* form is necessary to authorize psychological testing. This document is designed to assist you, the provider, in completing the form. Each numbered section below corresponds directly to the same section on the *Request for Psychological Testing Preauthorization* form. Each section includes a “Why?” and “What?” reference:

- **Why?** Refers to “Why is this question being asked?”
- **What?** Is asking “What information should be included?”

**IMPORTANT NOTE - FAX SUBMISSIONS:** If sending more than one testing request via fax, please send each request in a separate fax transmission to prevent co-mingling of protected health information.

**I. Date, insurance plan or employer, patient’s name, patient’s unique ID or policy number, patient’s date of birth, policy holder’s name and ID (if different from patient), policy holder’s address, and requested start date of authorization.**

**Why?** Demographic and insurance information is necessary for Magellan to comply with federal and state laws, and to process authorization and claims requests quickly and accurately. The start date is needed if a retroactive authorization is desired.

**What?** The patient/client/consumer is the person for whom you are requesting services. The patient’s unique ID or policy number and date of birth allow us to confirm eligibility. The policy holder is the person who holds the primary insurance policy. If the policy holder is not the same person as the patient, it may be necessary to locate the policy holder’s information through the patient. The policy holder’s address allows us to verify the member’s identity. Including the name of the insurance plan or the policy holder’s employer name (if the employer is self-insured) also will assist in the authorization process.

**II. Person/agency making the initial request for testing**

**Why?** Knowing the source of the request helps Magellan’s reviewing clinician understand the nature of the request more clearly.

**What?** These are usually mutually-exclusive choices therefore, only one selection should be checked. For example, check “Psychotherapist” if the person making the request is a licensed therapist, but not a psychiatrist or psychologist. If the person making the request is a medical doctor other than a primary care physician, please list his/her specialty area (not the provider’s name). Similarly, if the requester is a school staff member, please list the staff member’s position. *Please note we are interested in the type of person/agency who made the **initial** referral for testing, not simply the person/agency who is completing the form.*

**III. Testing provider information**

**Why?** Magellan’s reviewing clinician may need to contact the testing provider for further information. Magellan staff must verify the testing provider’s identity and contact information before disclosing protected health information. The provider’s Tax ID and NPI numbers are required when Magellan does not already have the provider’s information on file. No benefit determinations can be completed without Tax ID and NPI numbers.

**What?** List the testing provider’s name, degree, complete address, phone number, fax number, Email address and NPI number. If the person can be reached at more than one address or phone number, please list only the primary one. Also include the Tax ID number that the provider uses for billing, along with the name of the owner of the Tax ID number if it is a business entity different from the provider.

**IV. Current or Provisional DSM-5 diagnosis**

**Why?** A member must have a *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5™)* diagnosis to be eligible for psychological testing and other behavioral health services. Further, this diagnosis may help Magellan’s reviewing clinician evaluate the psychological testing request.

**What?** Please list the DSM-5 code, the narrative description, and indicate whether the diagnosis is current or provisional. If there is more than one current or provisional diagnosis, please list all that apply.

**V. What is the question to be answered by testing?**

**Why?** The Magellan reviewer needs to know the purpose of testing in order to authorize the request.

**What?** The answer to this question should be as specific as possible. General answers such as, “help with diagnosing” or “uncover psychodynamic conflicts” do not help to determine what tests would be most helpful or if testing should be authorized. Similarly, do not list tests or types of tests as your answer.

Examples of meaningful questions are: “Does the patient have an underlying psychotic thought process?” or “Are symptoms due to depression or dementia?”

**VI. Why can’t this question be answered by a diagnostic interview, a medical and/or neurological consult, review of psychological/psychiatric records, or second opinion?**

**Why?** In most instances, if a diagnostic interview, a medical/neurological consult, review of records, clinical observations, or a second opinion is able to efficiently answer the question being posed by the request, psychological testing may not be necessary.

**What?** As with question V, please be specific in your response. The Magellan reviewer is interested in the outcome of the diagnostic interview/review of records/second opinion and how they were not sufficient to answer question V.

**VII. What are current symptoms and/or functional impairments related to the testing question?**

**Why?** Listing symptoms and/or functional impairments may help with determining diagnosis or which psychological tests to administer.

**What?** Symptoms listed should be specific and behavioral (or measurable) such as “depression as evidenced by early morning wakening and loss of five pounds in last two weeks.” Functional impairments are related to problems in such areas as interpersonal, academic, or occupational (e.g., “failing grades in school”).

**VIII. How would results of testing affect treatment plan? (This section is not applicable in New Jersey)**

**Why?** Because the member’s benefits are for behavioral health treatment, psychological testing is only medically necessary if it is relevant to treatment needs. Psychological testing will not be preauthorized if it does not aid in focusing or improving treatment.

**What?** The two most common reasons that psychological testing would affect the treatment plan are: 1) to help differentiate between two or more diagnoses when one of the diagnoses requires a different class of medication or behavioral intervention; or 2) to confirm a diagnosis to support a specific treatment plan.

**IX. Medical/psychological evaluation and treatment (Items 1-5)**

**Why?**

- **Item 1.** Generally, a diagnostic interview with a behavioral health professional is required before Magellan will preauthorize testing.
- **Item 2.** If there has been a previous psychiatric evaluation, relevant information may be obtained.
- **Item 3.** If there has been previous psychological testing, relevant information may be obtained.
- **Item 4.** Clinical Practice Guidelines recommend that Behavioral Rating Scales be administered before additional psychological testing is necessary to establish the diagnosis of ADHD.
- **Item 5.** The class of medication that a member is taking may affect and/or help interpret test results.

## What?

- **Item 1.** If a psychiatric diagnostic evaluation [90791 (no med svcs) or 90792 (w/med svcs)] OR initial office visit with E/M services (99203, 99204, 99205) was completed by either the testing provider or a different behavioral health professional, mark “Yes” and include the date. Otherwise, mark “No.”
- **Item 2.** If there was an evaluation conducted by a psychiatrist, mark “Yes” and include the date. Otherwise, mark “No.”
- **Item 3.** If there was previous psychological testing, list date and general focus, such as “educational” or “ADHD.” Otherwise, mark “No.”
- **Item 4.** If an Attention Deficit Hyperactivity Disorder (ADHD) ratings scales were administered:
  - Mark “Testing is not ADHD-related” if testing is not ADHD-related.
  - Mark “Positive” if the results indicated ADHD,
  - Mark “Inconclusive” if the results were ambiguous,
  - Mark “Negative” if the results did not indicate ADHD,
  - Mark “Rating scales were not administered” if there was no previous administration of ADHD rating scales.
- **Item 5.** If patient is not on psychotropic medication, check “None.” If uncertain, mark “Unknown.” Otherwise, mark “Yes” and include type, dose, and date began.

## X. Current substance use

**Why?** Substance abuse may alter or affect the results of psychological testing.

**What?** Mark “no” if the member has not abused any substance in last 30 days.

Mark “yes” if the member has abused any substance in last 30 days. If yes, please describe current or recent use including type of substance, frequency of use, amount and last date of use.

## XI. Requested testing (This section must be completed by the testing psychologist)

**Why?** The information listed in this section informs Magellan’s reviewing clinician what tests are being requested, for how much time, and what procedure codes should be authorized.

### What?

- List the name and type of each test being requested. Please be precise when indicating the names or acronyms of the tests to avoid confusion and possible denial of benefits for unrecognized tests;
- Indicate the time required to administer, score, interpret, and report for each test;
- Enter the appropriate CPT code\* and indicate whether the primary purpose for testing is neuropsychological.
- Enter the total number of hours requested for testing. This time should include administration, scoring, interpretation, and report preparation activities.
- If a technician is administering any test, complete the Attestation statement at the end of the form.

### **\*PLEASE NOTE - IMPORTANT BILLING RULES:**

- Authorization is based on CPT<sup>®</sup> codes for psychologist-based (96101 or 96118), technician-based (96102 or 96119) and computer-based (96103 or 96120) testing.
- Approved billing procedures require that only one computer unit (96103 or 96120) may be billed regardless of the number of tests that are computer-administered.
- Each testing request may only be billed under one set of codes—either the codes for general psychological assessment (i.e., 96101, 96102, and 96103) or neuropsychological assessment (i.e., 96118, 96119, and 96120). The set of codes chosen is based on the primary purpose of the testing.

## **XII. Attestation by psychologist when technician services are requested**

**Why?** Attestation to the appropriate experience and training of the technician is required. Some states have certifications or licenses for psychometricians but many do not. The supervising psychologist is accountable for the quality of services rendered under his or her license.

**What?** The attestation demonstrates that the technician is receiving appropriate supervision and the relationship between the technician and psychologist is consistent with state laws and regulations. The testing psychologist must personally sign the attestation. Signatures made by support staff cannot be accepted.