

**Instructions**

The *Request for Psychological Testing Preauthorization* form is necessary to authorize psychological testing.

Complete the PDF version of the Request for Psychological Testing Preauthorization form. NOTE: If sending more than one testing request via fax, please *send each request in a separate fax transmission* to prevent comingling of protected health information.

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?”

Instructions:

**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 referral to the testing provider**

**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, you should check only one selection. 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, 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. *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 Taxpayer Identification Number and National Provider Identifier (NPI) 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.

**What?** List the testing provider’s name, degree, complete address, phone number, fax number, email address and NPI. 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 ICD-10 diagnosis**

**Why?** A member must have an ICD-10 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 ICD-10 code, the narrative description, and indicate whether the diagnosis is current or provisional. If there is more than one current or provisional diagnosis, list all that apply.

**V. What is the clinical 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 insufficient 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 waking 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 the 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 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 on psychotropic medication, include type, dose and date began. If patient is not on psychotropic medication, check “None.” If uncertain, mark “Unknown.”

#### **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 the last 30 days.

Mark “Yes” if the member has abused any substance in the last 30 days. If yes, 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.

**What?**

- List the name 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.
- If a technician is administering any test, complete the Attestation statement at the end of the form.

#### **XII. CPT Codes for Psychological and Neuropsychological Testing Services**

##### **IMPORTANT BILLING RULES:**

Authorization is based on new CPT® codes for psychologist-based, technician-based and computer-based testing. See grid below. Enter the number of requested units for the relevant CPT codes. Be

mindful of the codes that allow only one unit and codes that allow multiple units, and of the number of minutes associated with each unit of a CPT code. Calculate the total number of hours requested for the testing and add it to the bottom of the grid.

### Magellan CPT® Codes for Psychological and Neuropsychological Testing Services

New CPT® Codes and Descriptions <sup>1</sup> <i>For services rendered on or after Jan. 1, 2019</i>	CPT Codes and Number of Requested Units
<b>96130</b> Psychological testing evaluation services by physician or other QHP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s) when performed, <b>first hour</b>	(Only <u>one</u> unit of one hour allowed)
<b>+96131</b> Psychological testing evaluation services, by physician or other QHP, each additional hour	# of additional hours
<b>96132</b> Neuropsychological testing evaluation services by physician or other QHP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s) when performed, <b>first hour</b>	(Only <u>one</u> unit of one hour allowed)
<b>+96133</b> Neuropsychological testing evaluation services by physician or other QHP, each additional hour	# of additional hours
<b>96136</b> Psychological or neuropsychological test admin and scoring by physician or other QHP, two or more tests, any method, first 30 minutes	(Only <u>one</u> unit of 30 minutes allowed)
<b>+96137</b> Psychological or neuropsychological test admin and scoring by physician or other QHP, two or more tests, any method, each additional 30 minutes	(# of additional units of 30 minutes each)
<b>96138</b> Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	(Only <u>one</u> unit of 30 minutes allowed)
<b>+96139</b> Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	(# of additional units of 30 minutes each)
<b>96146</b> Psychological or neuropsychological test admin, with single automated, standardized instrument via electronic platform, with automated result only	(Only <u>one</u> unit allowed)
<b>Total number of hours requested (count automated test admin as one hour):</b>	<b>Total hours (may include .5 to represent half an hour e.g., 5.5)</b>

<sup>1</sup>CPT Copyright 2018 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

### XIII. 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.