

## REQUEST FOR PSYCHOLOGICAL TESTING PREAUTHORIZATION

### Instructions

The *Request for Psychological Testing Preauthorization* form is necessary to authorize psychological testing. This document assists you, the provider, in completing the form.

Each numbered section below corresponds to a 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?”

**I. Date, insurance plan or employer, member’s name, member’s unique ID or policy number, date of birth, and subscriber ID or SS# if different from member**

**Why?** Demographic and insurance information is necessary for Magellan to process the authorization and claim request quickly and accurately.

**What?** The member is the client or patient for whom you are requesting services. (Throughout this document the term “member” will be used in place of client or patient.) The member’s unique ID or policy number and date of birth allow us to confirm eligibility. The subscriber is the person who holds the primary insurance policy. Occasionally, it is necessary to locate member information through the subscriber. Including the name of the insurance plan or the subscriber’s employer name (if the employer is self-insured) will also assist in the authorization process.

**II. Person/agency making 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.

**III. Testing provider information**

**Why?** Magellan’s reviewing clinician may need to contact the testing provider for further information.

**What?** List the treating provider’s person’s name, address, and phone number. If an address is not easily obtainable, it may be left blank. If you have a fax number and/or email address, please include them. Also, if the person can be reached at more than one address or phone number, please list the primary one.

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

**Why?** A member must have a Diagnostic Statistical Manual, 4<sup>th</sup> Revision (DSM-IV) diagnosis (or provisional 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-IV code and the narrative description. There may be more than one (provisional) diagnosis; please list all that apply. Lastly, list any Axis III conditions that may influence the member’s behavioral health condition.

**Va. What is the question to be answered by testing that cannot be determined by a diagnostic interview, review of psychological/psychiatric records, or second opinion?**

**Why?** In most instances, if a diagnostic interview, 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?** 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. Be specific.

**Vb. What are current symptoms related to this question?**

**Why?** Listing symptoms 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.”

**VI. How would results of testing affect treatment plan?**

**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 a) to help differentiate between two or more diagnoses when one of the diagnoses requires a different class of medication or behavioral intervention; or b) to confirm a diagnosis to support a specific treatment plan.

**VII. Medical/psychological evaluation (Items 1-3)**

**Why?**

- **Item 1.** Generally, a diagnostic interview is required before Magellan will preauthorize testing.
- **Item 2.** If there has been previous psychological testing, relevant information may be obtained.
- **Item 3.** The class of medication that a member is taking may affect and/or help interpret test results.

**What?**

- **Item 2.** If there was previous psychological testing, list date and general focus, such as “educational” or “ADHD.”

- If an Attention Deficit Hyperactivity Disorder (ADHD) ratings scale was administered:
  - Check “Positive” if the results indicated ADHD,
  - Check “Negative” if the results did not indicate ADHD,
  - Check “Inconclusive” if the results were ambiguous.
- **Item 3.** If member is not on medication, check “None.” If uncertain, check “Unknown.”

**VIII. Current substance use**

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

**What?** Mark “yes” or “no.” If yes, please describe current or recent use.

**IX. Requested testing**

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

**What?** List the total number of hours requested for testing. This time should include administration, scoring, interpretation, and report preparation. Next, indicate whether the primary purpose for testing is neuropsychological. Then list:

- the name and each type of test being requested,
- time required to administer, score, interpret, and report for each tests, and
- whether or not the test will be administered by the psychologist, technician, or computer.

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

Authorization will be based on the new expanded CPT<sup>®</sup> codes effective January 1, 2006 for psychologist-based (96101/96118), technician-based (96102/96119) and computer-based (96103/96120) testing. Approved billing procedures require that only one computer unit 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.

**X. 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.