



Request For Psychological Testing Preauthorization

The testing provider must complete Section XI, *Requested Testing*. Either the provider making the referral or the testing provider may complete other sections of the form. Please provide all requested information, subject to applicable law. In most cases, an initial assessment by a behavioral health care provider must be administered before psychological testing will be authorized. Authorization for psychological testing will not be considered until all sections of this form are completed. To avoid potential issues with reimbursement, psychological testing is not to be initiated until an authorization has been received.

Please send the completed form to: Magellan Health Services, *Midwest Care Management Center*, and fax: 314-387-4738

Please Print Clearly

I. Today's Date: _____		Insurance Plan: _____	
Patient's Name: _____		Patient's DOB: _____	Policy Holder Name and ID (If different from Patient): _____
Patient's Unique ID or Policy #: _____			

II. Person or Agency Making the Initial Request for Testing:

<input type="checkbox"/> Psychologist	<input type="checkbox"/> Court	<input type="checkbox"/> School Staff (Specify): _____
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Parent	<input type="checkbox"/> PCP/Medical Specialist: _____
<input type="checkbox"/> Psychotherapist	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other: _____

III. Testing Provider Information:

Name/Degree: _____	Telephone #: _____
Address: _____	Fax #: _____ E-mail: _____
_____	Name of Agency/Org: _____

IV. Current or Provisional DSM-IV Diagnosis:

Code	Description
Axis I: _____	_____
Axis II: _____	_____
Axis III: _____	_____
Axis IV: _____	Axis V (current): _____

(For the following questions, attach additional sheet if needed.)

V. What is the clinical question that needs to be answered by testing? _____

VI. Why can't this question be answered by a diagnostic interview, review of psychological/psychiatric records, or second opinion?

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

VIII. How would the results of testing affect the treatment plan (please be specific)?



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IX. Medical/Psychological Evaluation and Treatment:

- 1. Has patient had a diagnostic interview (90801)? Yes Date: _____ No
- 2. Has patient had an evaluation by a psychiatrist? Yes Date: _____ No
- 3. Has patient had previous psychological testing? Yes Date: _____ Focus: _____ No
- 4. If current request is ADHD related, indicate latest results of Conners' or similar ADHD ratings scales:
Positive Inconclusive Negative N/A (not ADHD related or no previous administration of ADHD rating scales)
- 5. Current Psychotropic Medications (include dose and date began): _____
None Unknown

X. Current Substance Use:

Has member abused any substance in last 30 days? Yes No. If yes, elaborate: _____

XI. Requested Testing:

Number of hours requested (total): _____

Is testing primarily neuropsychological? Yes No

Names and Type(s) of Tests:	Time Requested (include administration, scoring, interpretation and reporting) :	CPT Code per test*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***If test is being administered by a Technician, please complete the Attestation form on page 3.**

Completed by Magellan Clinical Reviewer *(this section may be deleted if not used)*

Authorized? Yes No List all CPT codes and hours (if relevant): _____

Provider #: _____

Explain your decision in Comments section below.

If approved and provider needs ad hoc, send in ad hoc completed form. An authorization can be issued only after ad hoc is approved. Certification #: _____

Name/degree: _____
Clinical Reviewer Date

Comments: _____

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XII. Technician Attestation

If Technician CPT codes (96102 or 96119) are requested the following attestation must be completed by the supervising psychologist

I attest to the following:

- 1) The services billed under the technician CPT code(s) will be delivered by an individual who has the appropriate training and experience to administer these tests;
- 2) The services will be delivered under my direct personal supervision;
- 3) The services will be provided in the office/facility where I render psychological services;
- 4) My employment and supervision of the technician complies with all applicable state laws and regulations including those governing psychologists;
- 5) I am responsible for the quality and accuracy of the services provided by the technician; and
- 6) I am responsible for the analysis and interpretation of the test results and final report.

Signature of supervising psychologist

Date

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?”

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

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

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 patient’s information through the policy holder. Including the name of the insurance plan or the policy holder’s employer name (if the employer is self-insured) will also 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 person/agency who made the **initial** request for testing, not simply the person/agency who is making the request to Magellan.*

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-TR diagnosis**
Why? A member must have a Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Text Revision (DSM-IV-TR) 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 diagnosis (or provisional diagnosis); please list all that apply. Lastly, list on Axis III, any general medical conditions that may influence the member's behavioral health condition; on Axis IV, any psychosocial and environmental factors, and on Axis V, the current GAF.
- V. What is the question to be answered by testing?**
Why? The Magellan reviewer needs to know what the purpose of testing is 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, 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? 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 the question to V.
- VII. What are current symptoms and/or functional impairments related to question to be answered by testing?**
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.
- VIII. 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.

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

Why?

- **Item 1.** Generally, a diagnostic interview is required before Magellan will preauthorize testing.
- **Item 2.**
- **Item 3.** If there has been previous psychological testing, relevant information may be obtained.
- **Item 4.** Clinical Practice Guidelines recommend that Behavioral Rating Scales typically be administered before additional psych 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 diagnostic interview (90801) was completed, mark “Yes” and include the date. Otherwise, mark “No.”
- **Item 2.** If there was a psychiatric evaluation, 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.”
- **Item 4.** If an Attention Deficit Hyperactivity Disorder (ADHD) ratings scales were administered:
 - Mark “Positive” if the results indicated ADHD,
 - Mark “Inconclusive” if the results were ambiguous,
 - Mark “Negative” if the results did not indicate ADHD,
 - Mark “N/A” if current request is not related to ADHD or 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 “yes” or “no.” If yes, please describe current or recent use including amount and last date of use.

XI. 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
- the appropriate CPT code*.

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[®] codes effective beginning 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.

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.