

Developmental, psychological and neuropsychological testing FAQ

Who can perform psychological testing? What credentials are needed?

A clinician with appropriate training and credentials may perform psychological testing. This is often someone who is licensed, has completed their doctorate, and has relevant coursework and training in the area of psychological testing. A licensed practitioner must supervise testing performed by unlicensed individuals.

How do I submit a preauthorization request for psychological testing?

Complete the applicable testing request form (*Psychological Testing Request Form* or *Neuropsychological Testing Request Form*). You may fax it to the number listed on the form or, for greater efficiency, upload it through the Availity Portal. Please be sure to use the correct form so you include the necessary information for each type of testing request.

Where can I find the psychological and neuropsychological testing request forms? What if I need more space than what is provided on the form?

The forms are on our website at www.unicare.com > Providers > State sponsored plan providers > West Virginia – Medicaid Managed Care > Behavioral Health. Feel free to attach any additional clinical information to the request form if you need more space than the form allows.

What's the minimum age for getting a psychological test? Does research support not getting psychological testing in children under 5 years of age?

There is no minimum age; each case will be evaluated individually based on medical necessity.

It's been widely indicated in research that testing for developmental disorders in children under 5 years of age may be warranted and appropriate. However, when requesting testing for a child under 5 years of age, the child *must* have a complete evaluation from a pediatrician who can rule out physical conditions as well as an evaluation by a child therapist/psychologist who can provide observational data. Be sure to include any supporting documentation with your testing request. Decisions are made based on the clinical documentation, objective of the test and test-age appropriateness as a standard professional practice in light of medical necessity.

Who determines medical necessity? What proof do you have of your medical necessity being accurate? Where can I locate medical necessity guidelines?

Medical Policies and *Clinical Utilization Management Guidelines* are developed by our medical policy and technology assessment committee (MPTAC). The national behavioral health clinical advisory committee, a subcommittee of MPTAC, reviews criteria for behavioral health issues specifically. Our behavioral health medical necessity criteria are utilized for all behavioral health services unless superseded by state requirements or regulatory guidance.

These criteria and guidelines are objective and provide a rule-based system grounded in member-specific, best-medical-care processes that consistently match clinically appropriate medical services to member needs.

The comprehensive range of level-of-care alternatives is sensitive to the differing needs of adults, adolescents and children. When using the criteria to match a level of care to the member's

current condition, all reviewers consider the severity of illness and comorbidities as well as episode-specific variables. For members with unique life experiences and exposures, we ensure the requested service is geared toward improving their individual health outcome(s).

You can view our *Medical Policies* and *Clinical Utilization Management Guidelines* at: https://www.unicare.com/medicalpolicies/guidelines/gl_pw_c164433.htm.

What information should I include on a psychological testing request to support medical necessity?

There must be evidence that a diagnosis can't be obtained through other means (clinical interview, review of records, brief inventories and/or rating scales, direct observation, or consultation with other professionals involved in the member's care). It'd be helpful to include all the clinical information obtained through these other means so we understand why testing is being requested. In addition, be sure to include the number of hours being requested and the list of tests to be administered.

What information should I include on a neuropsychological testing request to support medical necessity?

Please make sure you use a *Neuropsychological Testing Request Form*, which will prompt you for all the information needed. This includes the member's diagnosis, information regarding medical evaluation and medical history, results of any neuroimaging or other clinical tests, the purpose of testing, and the specific list of tests that will be administered.

What information should I include on a developmental testing request to support medical necessity?

Since requests for developmental testing fall under a different criteria set than psychological or neuropsychological testing, you must submit additional, relevant information. We still need evidence that a diagnosis can't be obtained through other means, but we also need to understand what steps were taken prior to the testing request. If there are concerns for a possible developmental disorder, the child should be evaluated by a pediatrician first who can conduct a developmental screening and rule out any physical conditions that may be contributing to the presenting problem. When submitting a request for developmental testing, you must include those results along with a detailed description of any developmental and/or speech delays (for example, no babbling by 12 months, any loss of language, or little to no mutual gaze or joint attention).

If any developmentally specific rating scales or screeners were utilized prior to the testing request, it's important to include the results of those scales as well as the hours being requested and the specific developmental tests to be administered.

Where can I get more information about what billing codes to use? How do I know when to bill for psychological versus neuropsychological testing?

You can get information and guidance on appropriate billing codes from UniCare or the person/agency that provides billing services for your practice. Some notes:

- Neuropsychological testing codes should be reserved for individuals presenting with primary medical conditions (for example, traumatic brain injury, stroke, seizure disorder).

- The National Academy of Neuropsychology indicates that combining psychological and neuropsychological testing codes is not appropriate.
- Testing codes should be determined by the member's medical history and diagnoses under concern, not the tests being administered.
- Services such as clinical interview or patient/parent feedback should not be billed under psychological or neuropsychological testing codes.

What type of tests will be approved?

When planning a course of treatment, selecting the best or most appropriate instrument(s) requires careful consideration. Consideration should be given to the intended use of the instrument, its limitations and other aspects related to its practical application. Testing should not be used in isolation from other relevant data such as clinical information, relevant history, treatment information, diagnosis, etc. These sources contribute to the understanding of the member's case and treatment planning.

Basically, we're ensuring the information provided and the measures requested are all in concordance with one another. There is no specific list of approved tests.

Are rating scales covered as psychological testing?

A complete diagnostic interview and rating scales should be completed prior to submitting a psychological testing request. The administration time for a parent or teacher to complete a rating scale or checklist should not be billed as psychological testing. If additional rating scales are included as part of a larger test battery, time for scoring and interpretation should be included.

What happens if there's a court order for psychological testing that's not for a medical indication?

While the court may need access to information identified through psychological testing, medical necessity rules and adherence to utilization management guidelines must be considered to ensure Medicaid funds are not being requested for testing that doesn't meet medical necessity criteria. In those situations, other sources of funding that don't require medical necessity (e.g., some state programs) may support the needs of the court.

Do the medical necessity review criteria apply to children in foster care?

Yes, they apply to any UniCare member. If the clinical assessment findings support medical necessity, the Medicaid benefit program will cover the service(s). However, there are other levels of testing and rationale for testing that don't meet medical necessity requirements. In some cases, specific types of testing to support a placement decision or psychoeducational purposes are being sought, and these requests are not covered by the Medicaid benefit plan.

Why doesn't educational psychological testing count for medical necessity? Don't we need to know if a child has a learning disability to know if they can understand therapy?

Psychological/educational testing compares a person's intellectual potential to their potential to achieve academic success. This type of testing isn't geared towards improvement in the individual's physical or behavioral health outcomes. Educational testing doesn't address medical necessity and is therefore completed through the school. At times it's appropriate to assess

overall cognitive functioning as it relates to treatment, but this will be determined by other factors related to treatment and the individual's clinical picture.

How can the member get treatment without a complete psychological or neuropsychological testing battery?

Formal psychological testing isn't clinically indicated for routine screening or assessment of behavioral health disorders. Similarly, psychological testing isn't clinically indicated for administration of brief behavior rating scales and inventories. Such scales and inventories are an expected part of a routine and complete diagnostic process.

Other than in exceptional cases, a provider should complete diagnostic interview and relevant rating scales before submitting a preauthorization request for psychological testing. In many cases, the information from the clinical interview, rating scales, medical and school records, and other collateral contacts will provide sufficient information to make a diagnosis and inform treatment.

How do you calculate the time that's approved for my testing battery? Why do you need a list of the tests that will be administered?

We utilize test publisher guidelines to calculate the number of hours that can be approved for testing. We also include additional time for scoring, interpretation and writing based on internal guidelines. If there are extenuating factors involved in testing that might require additional time (for example, use of interpreter or a bilingual battery), please include this in your testing request so we can account for those factors.

I started testing my patient but need additional time. What should I do?

Please submit another testing request form and the reference number for the original testing request. Be sure to include what tests have been administered and any relevant findings that would support the need for additional time/psychological tests.

My patient received psychological/neuropsychological testing within the last 12 months, and I believe retesting is needed. Will my request for retesting be approved? What information is needed?

When a member has already received psychological/neuropsychological testing within a 12-month period, retesting is typically not medically necessary. If a provider believes retesting is needed, a testing request should be submitted with the results from previous testing, the results of treatment/intervention services since initial testing was completed, and the rationale for repeat psychological/neuropsychological testing. This information will be reviewed by the psychologist, and a decision will be made based on medical necessity criteria.

My testing request was denied. What can I do? What should I do if I receive additional information to support psychological/neuropsychological testing after my request was denied?

When you submit a request for psychological testing, our reviewer makes an initial decision based on the clinical information provided. Our office will contact you to let you know the request was denied. You'll have one business day to submit additional information or request a peer-to-peer discussion. If the request for testing is still denied, you may file an appeal. Please refer to your appeal rights in the provider manual for further information.