

PROVIDER MANUAL ACBHCS PSYCHOLOGICAL TESTING

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1.) PSYCHOLOGICAL TESTING GUIDELINES

- All psychological testing administered by providers requires the completion of a *Psychological Testing Authorization Request* (PTAR) form (Attachment I) and prior authorization by ACCESS.

2.) CRITERIA FOR APPROVAL OF PSYCHOLOGICAL TESTING

- The following criteria must be met for approval of psychological testing:
 - There is a need to clarify the client's diagnosis in order to further treatment, and one or more of the following is true:
 - Multiple treatment interventions have failed;
 - Non-verbal client must be assessed in the absence of historical data;
 - There is an unaccountable decline in the client's functioning;
 - The client presents with an unusual or high-risk behavior;
 - The client presents with a risk of non-emergency harm to self or others that is denied by the client; or
 - Other special circumstances.
- Note: ACCESS does not authorize psychological testing for:
 - General assessments unrelated to mental health treatment;
 - Learning disabilities;
 - Mental retardation;
 - Pre-adoption studies;
 - General intelligence testing;
 - General Diagnosing of Attention-Deficit/Hyperactivity Disorder (ADHD) (Please note that extended testing for ADHD is not authorized prior to a thorough evaluation with rating scales and a clear explanation as to why the initial evaluation was insufficient to answer ADHD referral question(s).);
 - Court ordered testing (with the exception of CFS referrals);
 - Ruling out dementias or other neurologically-based disorders prior to an evaluation by an appropriate medical specialist; and
 - Determining if medication is warranted.

3.) GUIDELINES FOR REVIEW OF PSYCHOLOGICAL TESTING

- The ACCESS Clinical Review Specialists (CRS) utilize the following guidelines in approving requests for psychological testing:
 - The PTAR form must include information that provides a compelling rationale for

- Psychological testing;
- The client must meet medical necessity criteria for Specialty Mental Health Services in order to be considered for psychological testing;
- Psychological testing must be an adjunct to ongoing mental health treatment (of at least three months duration);
- The consumer has not been tested within the last two years;
- Children six years and younger have not been tested within the last year;
- Neuropsychological testing requires a prior psychological testing and a prior neurological evaluation;
- Psychological testing is not to be performed during a crisis;
- Psychological testing shall not be performed solely to make decisions as to whether the client is to be on medication;
- Referral questions are specific, relevant and individualized to the client and the treatment plan; and
- The request for psychological testing must clearly demonstrate that testing is necessary at this time.

4.) OBTAINING AUTHORIZATION FOR PSYCHOLOGICAL TESTING

- Authorization Process:
 - Prior authorization by ACBHCS ACCESS for Psychological Testing is required,
 - Consistent use of Psychological Testing Codes which includes:
 - Psychological Testing code 415-96101, Neuropsychological Testing code 417-96118 and Developmental Testing code 535-96111 performed by licensed or waived Psychologists (by contract--ACBHCS may allow practicum students for specific programs).
 - 16 hours of Testing would be the standard authorization for 90 days.
 - If both Psychological Testing and Developmental Testing codes are utilized, it would remain a maximum of 16 hours in total.
 - If Neuropsychological Testing is authorized, an additional 5 hours of neuropsychological testing code 417-96118 would be added to the initial 16 hours of psychological testing, resulting in 21 hours of authorized testing.
 - Note Neuropsychological Testing is a sub-specialty that requires specialized training and experience to perform. It is only allowed if the client has already had psychological testing, a medical neurological work-up and appropriate questions remain.
 - Psychological and Neuropsychological Testing codes are inclusive:
 - Of Mental Health Assessment (323-90791 & 324—96151). Note, if only Psych Testing codes are being claimed without provision of any other MH services, the MH Assessment at 30 days is not required;
 - Of Plan Development (581). Note, if only Psych Testing codes are being claimed without provision of any other MH services, the Client Plan at 60 days is not required; and
 - Of Test Administration (including client interviewing, review of client records, & collaterals), Test Scoring, Interpretation, Report Writing, and Feedback.

- If the client is monolingual, Limited English Speaking, or has Limited English Proficiency an additional 3 hours of Testing may be authorized. Priority for testing monolingual and Limited English Speaking clients will be given to bilingual psychologists who speak the same language as the client/family.
- If the client is home bound, or unable to travel to the testing site, an additional 3 hours of Testing may be authorized to include travel time if testing would otherwise not be possible. **This only applies to programs that are authorized to bill for their travel time and priority will be given to Psychologists that are nearby the client if they may travel to that particular site.**
- If one or two reports are written in addition to the Psychological Evaluation Report (for the guardian/parent and/or client), an additional 1.5 hours of Testing per Report may be authorized for each.
- In the highly unusual circumstance that the Psychologist is unable to complete the Psychological Testing with the client, they may call the Access Line for a clinical consult on how to proceed.
- Intervention services (Individual, Family, and/or Group Psychotherapy) are authorized and coded independently of Testing.
- The provider must submit a completed PTAR form by fax or mail to: ACBHCS ACCESS (Fax (510) 346-1083; 1900 Embarcadero, Suite, 208, Oakland, CA 94606).
- ACCESS will approve, defer, or deny PTARs. Only the ACCESS Clinical Review Specialists (CRS') are authorized to select and assign testing to a provider. However, the referring party may suggest a provider. Please indicate if the suggested provider is fluent in the client/family's primary language.
- The ACCESS CRS' will consult with the referring party or the provider within five working days of the request, as needed. Requests are deferred/pending for reasons such as further information is needed.
- When testing is approved by ACCESS, a *Psychological Testing Authorization Request – Response* (PTAR-R) form (Attachment II) is sent to the referring provider and an ACCESS Referral Letter and/or a PTAR-R form is sent to the psychologist/program selected to administer the testing. The selected provider is expected to contact ACCESS within 3 days of receiving the ACCESS Referral Letter/PTAR-R form to confirm whether they are able to accept the assignment. If so, ACCESS will fax the provider all of the referring materials; if not, ACCESS will assign the testing to another provider. The PTAR-R also gives the provider the number of hours authorized for testing and the time frame for testing to be completed (usually 90 days).
- When psychological testing services are denied or modified, the provider and the client will be sent a *Notice of Action* form (NOA-B and NOA-Back) within three days of the decision.

5.) PSYCHOLOGICAL TESTING REPORT

- Note: Psychological testing reports submitted without prior authorization, or completed in an untimely manner will not be approved for payment.
- All testing must be:
 - Per American Psychological Association (APA) guidelines;
 - Clinically adequate; and
 - Placed in the Medi-Cal client's clinical record.

6.) QUALITY ASSURANCE GUIDELINES FOR PSYCHOLOGICAL TESTING REPORTS

- ACBHCS expects that providers will comply with the Ethical Principles and Code of Conduct (June 2010) of the *American Psychological Association* (APA).
- ACBHCS also expects that providers who conduct psychological testing and prepare psychological test reports for minors who are dependents (WIC300) of the Juvenile Court, will be familiar with the *Guidelines For Psychological Evaluations In Child Protection Matters* (1998) approved by the Council of Representatives of the APA [American Psychological Association Committee on Professional Practice and Standards (1998). *Guidelines for Psychological Evaluations in Child Protection Matters* Washington, DC: APA].
- ACCESS expects that providers will answer referral questions that are within the scope of practice for a licensed psychologist.
- Furthermore, ACCESS expects providers not to answer referral questions that are outside the particular field or fields of competence as established by his or her education, training and experience.
- Acceptable psychological test reports are those that:
 - Use the most recent edition of a specific test;
 - Use the version of the test in the client's language (if available);
 - Answer or address the reason(s) for referral;
 - Clearly describe whether the client's test-taking behavior did, or did not, allow the psychologist to arrive at a valid assessment of the client's functioning;
 - Offer a coherent psychological explanation for the behavior(s) of the client and how best to treat the behavior(s);
 - Employ a norm-referenced measure of adaptive behavior to assess the role of a developmental delay in the client's Axis I diagnosis;
 - Use age-related norms to describe test behavior when such norms are available;
 - Include a norm-referenced measure of cognitive functioning, and if not provide an explanation as to why the use of such a measure would not be in the best interests of the client;
 - Offer diagnoses consistent with ACBHCS designated version of the DSM Codes criteria, and, offer diagnoses that meet the definition of mental disorders found in the DSM manual. This is especially relevant to the severe and incapacitating developmental or behavioral deficits typically associated with the criteria that define the diagnosis of "Other Specified Early Childhood Psychoses" in the manual;
 - Consider diagnoses other than Oppositional Defiant Disorder for minors under the age of three years, and when writing reports that offer a diagnosis of Oppositional Defiant Disorder to minors between the ages of three and five years use carefully documented, behaviorally based, norm-referenced criteria;
 - Consider diagnoses other than Attention-Deficit /Hyperactivity Disorder for children under the age of three years, and when writing reports that offer a diagnosis of Attention-Deficit/Hyperactivity Disorder to minors between the ages of three and five years use carefully documented, behaviorally-based, norm-referenced criteria;

- Offer new understandings about the functioning of the client beyond what could be achieved without the use of psychological tests;
- Offer a diagnosis of Mental Retardation using norm-referenced instruments that address ACBHCS designated version of the DSM Code criteria. (Significant sub-average intellectual functioning, i.e., an IQ of 70 or below on an individually administered IQ test, and concurrent deficits or impairments in present adaptive functioning in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety); and
- Report test results consistent with the administration of a full test battery, whether a development inventory, a measure of cognitive functioning, or other psychological measure.

ACBHCS PSYCHOLOGICAL TESTING AUTHORIZATION REQUEST (PTAR)

Please fax this completed form along with the medical records documenting the clinical indications or medical necessity to ACCESS at 510-346-1083. Authorization for psychological testing will not be considered until all sections of this form are completed. Psychological testing should not be initiated until an authorization has been received. Please note that extended testing for ADHD is not authorized prior to a thorough evaluation with rating scales and a clear explanation as to why the initial evaluation was insufficient to answer ADHD referral question(s).

Client Name:

DOB:

Client SS#:

InSyst Client ID:

Client's Primary Language:

Client's 2ND Language:

Caretaker's Primary Language:

Caretaker's 2nd Language:

Client Address:

Phone No(s):

Child Welfare Worker's Name:

Contact No:

Psychological Testing Referral by:

Phone No.:

Primary Therapist/Physician:

Agency/Phone No:

Prior Psychological Testing? Y/N

Date tested:

By Whom:

Testing Report Attached Y/N. If not, why not able to obtain?

Mental Health Assessment Attached? Y/N

If not, why not able to obtain?

What are the specific referral questions that cannot be determined by diagnostic interviews, mental health assessment, review of psychological/psychiatric records, or a second opinion?

What are the current symptoms and/or functional impairments related to testing question(s)?

How will the results of testing affect the Treatment Plan?

History of client.

[Summary of psychosocial and medical information (with examination dates) and past treatment; include any past psychological testing, date and results, medical, psychiatric and neurological exams. List current medical & psychotropic medications/dosage/start date.]

Are there other psychological or medical explanations for current behavior/symptoms (i.e. closed head injury, medications, poisoning, thyroid dysfunction, etc.)? Y/N. Explain:

Is client actively abusing any substances? History? Y/N. Explain:

If this request is URGENT please check here: ☐ Reason for Urgent Request:

Authorization Request (Check all that apply):

☐ 16 hrs. Psychological/Developmental Testing

☐ 5 hrs. Neuropsychological Testing

☐ 1.5 hrs. Additional Report for:

☐ 1.5 hrs. Additional Report for:

☐ 3 hrs. Additional for Travel time if Client is Homebound or unable to travel to the testing site.

☐ 3 hrs. Additional for Monolingual, Limited English Speaking or Limited English Proficiency Client.

Select One:

☐ Assign to psychologist selected by Access

☐ Name of psychologist suggested for testing:

Contact Phone:

Fax:

Date available to begin testing:

Is psychologist fluent in client/family's primary language?

Provider Signature (with credential):

Date:

Clinical Supervising Psychologist Signature (if required):

Date:

The Access Unit reserves the right to assign specific psychologists.

Fax this request to 510-346-1083. Please use HIPAA compliant faxing procedures.

This client should be tested only after written authorization from Access

**ACBHCS PSYCHOLOGICAL TESTING AUTHORIZATION
REQUEST RESPONSE (PTAR-RESPONSE)**

Date:

Psych Testing Referring Party:

Client Name:

InSyst Client ID:

Client Address:

Assigned Psychologist's Name:

Phone:

Fax:

Email:

Provider will:

- Test this client only after receiving written authorization;
- Consult with all professionals involved in the client's care (i.e.: therapist, psychiatrist, Regional Center Case Manager, etc.) prior to testing, and to provide documentation of the consultation in the psychological report;
- Conduct a comprehensive psychological evaluation that includes: history, test behavior, mental status examination, along with individually administered measures of intelligence, achievement, neuropsychological screening, diagnosis, and personality;
- Provide a report to the referring source (or appropriate party) that integrates current test results and prior test results, as well as directly answering the referral questions which are specific and unique to this client.

Note: Treating provider must add psychological testing to the client's treatment plan.

ACBHCS USE ONLY BELOW THIS LINE

Psychological Testing Authorization

Testing Request Approved for ____ hours of psychological testing between ____ / ____ / ____ and ____ / ____ / ____

Request Pending

Testing request pending (testing authorization withheld until the following conditions are met):

____ Receipt of CFS Form *directly* from CSW with SCSW signature.

____ Receipt of permission to test from conservator.

____ Client must be examined by a medical _____ specialist prior to psychological testing. Please inform this office when the exam has occurred (provide written report with outcome).

____ Other

Request Denied

____ Does not meet Medical Necessity Criteria

____ Not eligible for Specialty Mental Health Services

____ Other

Reviewer:

Phone:

Date: