



## **Optum Public Sector San Diego Psychological Testing Guidelines**

### **Introduction**

Psychological testing is a set of formal procedures utilizing current reliable and valid tests designed to measure the areas of intellectual, cognitive, emotional and behavioral functioning in addition to identifying psychopathology, personality style, interpersonal processes, and adaptive skills. Psychological testing is considered a Specialty Mental Health Service that requires pre-authorization.

### **General Requirements for Psychological Testing**

1. Psychological testing benefits may be available to active Medi-Cal beneficiaries. The following are examples of potential limitations or exclusions:
  - a. Services for the primary purpose of evaluating an excluded mental health diagnosis.
  - b. Services required for purposes of school, sports or camp, travel, career, employment, insurance, or marriage.
  - c. Services required for purposes of adoption that do not otherwise meet medical necessity criteria.
  - d. Services related to judicial or administrative proceedings or orders that do not otherwise meet medical necessity criteria.
  - e. Services conducted for purposes of medical research.
  - f. Services required to obtain or maintain a license of any type.
  - g. Services not consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines.
2. Prior to testing, a clinical evaluation of the client must be completed either by the requesting psychologist or a qualified referring mental health professional. The evaluation must be comprehensive and complete enough to:
  - a. Identify specific, outstanding clinical questions that must be answered by psychological testing in order to establish the client's diagnosis or inform the treatment plan; and
  - b. Guide development of an appropriate testing battery.
3. The provider must be an independently doctoral-level psychologist licensed and practicing within the scope of licensure and competence.
4. The tests and number of hours requested must be appropriate to answer specific clinical questions that could not be answered by the clinical evaluation. The following are also considered:
  - a. Whether there are any role conflicts that would impact the provider's objectivity (e.g. previous or ongoing therapeutic relationship with the client or client's family members);
  - b. Whether testing was completed within the last 6 months and if so, the rationale for re-testing;
  - c. Whether the client has abstained from abusing alcohol or drugs for at least 6 weeks prior to testing.
5. The number of hours requested and approved must include the total time necessary to complete face-to-face test administration, scoring, interpretation, and report writing. The number of hours



that may be approved is typically based on standards published in test publications and will not exceed 150% of published test administration time. Additional time for the initial diagnostic interview and for a subsequent feedback session may also be requested.

6. A testing request may be submitted by fax or mail using the Psychological Testing Request Form. Providers may access the form on <https://www.optumsandiego.com>.

### **Psychological Testing (96101)**

#### **Any of the following criteria must be met:**

1. A clinical evaluation was inconclusive and additional information which can be derived from psychological testing is needed to establish the client's behavioral health diagnosis. Examples include, but are not limited to:
  - a. The client presents with symptoms that could be indicative of more than one behavioral health condition, and a differential diagnosis could not be made.
  - b. The client presents with atypical symptoms.
2. A clinical evaluation was inconclusive and additional information which can be derived from psychological testing is needed to inform the treatment plan. Examples include, but are not limited to:
  - a. Outstanding questions about the client's level of functioning must be answered in order to gauge the client's capacity to participate in behavioral health treatment.
  - b. Outstanding questions about a change in the client's presenting symptoms must be answered in order to gauge the adequacy of the treatment plan.
  - c. There are outstanding questions about why a client's response to treatment has not been as expected.

### **Authorization Determination Turnaround Time**

Reviewers comply with specific determination turnaround time requirements for reviewing and reaching coverage determinations, as outlined in Medi-Cal Title 9 Medical Necessity criteria. Turnaround time is 14 calendar days.

### **Peer Review**

Peer Reviewers are doctoral-level licensed psychologists. The Peer Reviewer will possess at least the same level of licensure as the provider requesting coverage, have competency in the same or similar specialty area, and hold an active, unrestricted license. The Peer Reviewer will offer to conduct telephonic peer-to-peer review with the requesting provider should the requested number of hours of testing service exceed the number of hours that may be approved. A Peer Reviewer will be available to conduct a peer review of any testing request prior to issuing a modification or full denial. The exception to this is situations where the adverse determination is based on an administrative reason (e.g. client not active to Medi-Cal, excluded mental health diagnosis), which may be issued by the Clinical Director or designee.



## Denials of Psychological Testing Requests

The following are examples of types of denials that may be issued:

- a) **Service is a Coverage Exclusion Based on Medi-Cal Title 9 Criteria:** Testing is excluded from coverage when it is for school/educational purposes. Additional common types of testing requests for which denials may be issued include but are not limited to: testing for court-ordered or otherwise legally required purposes that does not otherwise meet medical necessity criteria; testing for purposes related to child custody determination, licensure/certification or career or workplace behaviors, and testing related to non-DSM diagnostic conditions or non-Covered diagnostic conditions.
- b) **Service Not Meeting Optum Public Sector San Diego Testing Guideline Criteria for Authorization:** Testing may not be approved if the testing request does not meet Optum Public Sector San Diego FFS Medi-Cal Psychological Testing Guidelines. Common types of testing requests for which denials may be issued include but are not limited to: situations where number of hours requested exceed established reimbursable timeframe guidelines, requested tests in a battery are redundant or duplicative, and use of measures that do not meet professional standards.

## Client Appeals and Provider Disputes of Denials

A client or authorized client representative or provider acting on behalf of a client has the right to request an appeal of a modified or denied request. The written Notification of Action (NOA) will include a description of the client appeal process, and the Letter of Determination will include a description of the provider dispute process. Questions about the appeal/dispute process may be addressed by contacting the FFS Provider Line at 1-800-798-2254, or by consulting the [www.optumsandiego.com](http://www.optumsandiego.com) website and/or the FFS Provider Handbook.