

Psychological testing frequently asked questions

What is the minimum age for getting a psychological test?

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

What research supports not getting psychological testing in children less than 4 or 5 years old?

As noted above, there is no minimum age for psychological testing; each case will be evaluated individually based on medical necessity. As widely indicated in research, testing for developmental disorders in children under 5 may be warranted and appropriate. However, when requesting testing for a preschool age child, it is critically important that the child have a complete evaluation from a pediatrician who can rule out physical conditions, in addition to evaluation by a child therapist/psychologist who can provide observational data. Including this information and results/observations in the authorization request is critical. Decisions for children under 5 are made on a case-by-case basis as indicated by the clinical documentation/objective of the test and test age appropriateness as a standard professional practice in light of medical necessity.

What is medical necessity? Who determines it? What proof do you have of your medical necessity being accurate?

Amerigroup Community Care Behavioral Health Medical Necessity Criteria are utilized for all behavioral health services, unless superseded by state requirements or regulatory guidance. The medical policies and clinical utilization management guidelines are developed by the Medical Policy and Technology Assessment Committee (MPTAC). Criteria for review of behavioral health issues are reviewed by the National Behavioral Health Clinical Advisory Committee, a subcommittee of MPTAC. These criteria and guidelines are objective and provide a rules-based system for screening proposed medical and behavioral health care treatment or interventions based on patient-specific, best medical care processes and consistently match medical services to patient needs, based upon clinical appropriateness.

The criteria's 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 who have unique life experiences and exposures, care is taken to ensure that the requested service(s) is geared toward improving their individual health outcome(s).

What type of tests will you approve?

Selection of the best or most appropriate instrument(s) to aid in planning a course of treatment is a matter requiring careful consideration. Consideration should be given to the intended use of the instrument, 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. Information from each of these sources provides an increment of unique information that when taken collectively, can contribute to the understanding of the individual member's needs and treatment planning. We are looking to see if the information provided and the measures requested are all in concordance with one another. However, there is no specific list of approved tests.

Why is testing for placement not considered medically necessary? Does it not matter that the child has somewhere to stay?

The Child and Adolescent Needs and Strengths Assessment (CANS) tool can be used to measure behavioral health care needs and the strengths of the children and their families. This tool can be used to determine the type of placement that is in the best interest of the child for safety and permanency planning. The CANS tool is a component of the required Division of Family and Children Services (DFCS) Trauma Assessment for newly entering children (above age 5) into foster care. Psychological testing is not designed to determine level of care and placement decisions. Level of care and placement is ultimately determined by the DFCS. Common sources of information that are used for placement determinations are a thorough clinical interview, review of treatment records, review of academic records, collateral interview and the use of rating scales. In some cases, the Amerigroup care coordinator assigned to that youth may be able to help gather some of this information in partnership with the DFCS.

What is the purpose of the trauma assessment and how is that going to get children into a placement? How can you get a diagnosis from trauma assessment?

Please see response noted above. Trauma assessment for children under the guardianship of DFCS should be coordinated with the Georgia Families 360° care coordinator. A good trauma assessment in conjunction with the CANS tool should include a complete history and evaluation of the psychosocial events and influences in the child's life. Please note, the CANS assessment was designed to support individual case planning and planning and evaluation of service systems and can assist with the purpose of permanency. Providers should follow the jointly created DFCS, the Department of Community Health (DCH) and Amerigroup trauma assessment template. The primary purpose of a trauma assessment is not to provide a diagnosis. It is important to remember a diagnosis is not required for treatment or to begin services. Additional assessment through psychological testing may be needed depending on clinical symptoms and treatment planning needs; however, if a placement provider is requesting a diagnosis or psychological testing before allowing a child to be placed, please contact the DFCS WEPAC unit and they will work with the placement provider on needed information.

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

Psychoeducational testing compares a person's intellectual potential to their potential to achieve academic success. This type of testing is not geared towards improvement in the physical or behavioral health outcomes of the individual. Educational testing does not address medical necessity and is therefore completed through the school. Sometimes it is appropriate to assess overall cognitive functioning as it relates treatment; however, this again will be determined by other factors related to treatment and the individual clinical picture.

What are the reviewer's credentials and experience to make these types of decisions?

Our primary reviewers hold doctoral degrees and are board-certified licensed practitioners with more than 10 years of clinical experience.

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

Any Medicaid-eligible participant whose clinical assessment findings support the requirements for coverage as a medically necessary benefit can have these services covered by the Medicaid benefit

program; however, there are other levels of testing and rationale for testing that do not meet medical necessity requirement. 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 federal Medicaid benefit plan.

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

While the court may desire access to information identified through psychological testing for court decisions, it is essential that the request include the specific information the court may need to make a decision. This information may be available through alternate resources. The general medical necessity rules and adherence to utilization management guidelines must be followed to ensure Medicaid funds are used in compliance with state and federal rules. There are many potential sources for behavioral health information on members, including behavioral health assessments, trauma assessments and diagnostic assessments. Prior to submitting authorization requests for psychological testing, the provider should work with DFCS caseworkers or Amerigroup care coordinator to determine what behavioral health related assessments have been administered that potentially can provide the desired information for the courts. Please note that Amerigroup members do NOT require prior authorization for trauma assessments or most other general behavioral health assessments.

What test should we order if a child has multiple placement disruptions?

There is no one test for placement disruption; it will depend on the unique circumstances related to the member's clinical presentation and questions that need to be answered by testing. Based on the clinician's assessment findings, specific tests may be identified that support and meet the treatment planning process. Testing should be requested if a child is not responding to treatment interventions (psychotherapy, home-based services, school-based interventions, medications management).

What if I want to do a trauma assessment and another evaluation where the H0031 code is used? Will Amerigroup pay for both?

Providers should refer to coding specialist for appropriate billing and service requirements. A daily unit max of eight units of H0031 (mental health assessment by non-physician) are available without prior authorization. Per the Department of Behavioral Health and Developmental Disabilities (DBHDD), the service definition for this code is described as: face-to-face comprehensive clinical assessment with the individual, which must include the individual's perspective as a full partner, and may also include individual-identified family and/or significant others as well as collateral agencies, treatment providers (including Certified Peer Specialists who have been working with individuals on goal discovery), and other relevant individuals. The purpose of the assessment process is to gather all information needed to determine the individual's problems, strengths, needs, abilities, resources and preferences to develop a social (extent of natural supports and community integration) and medical history, to determine functional level and degree of ability versus disability, and to engage with collateral contacts for other assessment information. A suicide risk assessment shall also be completed. The information gathered should support the determination of a differential diagnosis and assist in screening for/ruling out potential co-occurring disorders.

Appropriately credentialed clinicians (per provider fee schedule) may utilize 90791 or 90792 for diagnostic assessment without prior authorization. Per the DBHDD, diagnostic assessment service definition is noted

as: examination includes a history; mental status exam; evaluation and assessment of physiological phenomena (including comorbidity between behavioral and physical health care issues); psychiatric diagnostic evaluation (including assessing for co-occurring disorders and the development of a differential diagnosis); screening and/or assessment of any withdrawal symptoms for youth with substance-related diagnoses; assessment of the appropriateness of initiating or continuing services; and a disposition.

Who can perform psychological testing? What credentials do they need?

Psychological testing must be performed by someone who has appropriate training and credentials to perform testing. This is often someone who is licensed, has completed their doctorate and has relevant coursework and training in the area of psychological testing. Testing performed by unlicensed individuals or those still in training must be supervised by a licensed practitioner. Please note in accordance with section 601.2 of the Provider Manual, providers agree to bill only those services rendered by the enrolled psychologist or under direct supervision of the enrolled psychologist. Direct supervision applies only to the salaried employees of the enrolled psychologist, such as technicians, an assistant, etc., but does not apply to another psychologist or individual practitioner who is eligible to enroll as a direct provider of services in a covered Medicaid program. Direct supervision by the psychologist does not mean the psychologist must be present in the same room; however, the psychologist must be present at the site of service (e.g., office suite, clinic, etc.) and be immediately available to confer with his or her salaried employee throughout the time services are performed. For Medicaid reimbursement purposes, an enrolled psychologist may supervise and bill for the evaluation and testing services of no more than three salaried employees.

Do I need a denial from Amerigroup before DFCS will pay for psychological testing for non-medically necessary testing?

No. Providers should only be submitting requests to Amerigroup that are for a medically necessary testing purpose. DFCS does not require a denial from Amerigroup to pay for non-medically necessary services.

Is medically necessary testing limited to five units?

No. Providers should request the appropriate number of units based on planned tests required to answer clinical question(s) being evaluated.