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October 8, 2012

RE: OptumHealth TERM: Clarification of Authorization for Medi-Cal Funded Psychological Evaluation

Dear TERM Child Welfare Services Evaluators:

Attached please find answers to frequently asked questions about the new Medi-Cal Psychological and Neuropsychological Testing Request form. The updated form went into effect October 1, 2012 and applies to all requests for authorization of psychological and neuropsychological testing paid for by Medi-Cal funding, including testing requests for clients referred through Child Welfare Services.

As always, please do not hesitate to contact me with any questions or concerns.

Thank you,

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## **Psychological Testing Frequently Asked Questions: Request for Authorization of Medi-Cal Funded Psychological Evaluation for Clients in Juvenile Dependency Court**

### **Q: Is prior authorization required for Psychological Testing?**

A: Yes, it is necessary to obtain prior authorization for psychological testing services.

### **Q: Why were changes made to the authorization process?**

A: The updated form contains information necessary to demonstrate that services meet Title 9 medical necessity criteria.

### **Q: How is authorization obtained?**

A: Once you have accepted the evaluation assignment, the OptumHealth Clinical Support team will fax you a copy of the Child Welfare Services referral form along with the Medi-Cal Psychological and Neuropsychological Testing Request form. Please complete the form and return it by fax to (866) 220-4495. You do not need to return the Child Welfare Services referral form with your request.

### **Q: What information is required on the Medi-Cal Psychological and Neuropsychological Testing Request form?**

A: As a courtesy, the OptumHealth Clinical Support team will complete all identifying information on the form. The evaluator is required to complete the following sections: Case Background, Purpose of Testing, List All Tests Required, and Total Hours of Authorization Requested.

### **Q: How do I complete the Case Background section?**

A: We understand that in most instances you will not have received case background records prior to submitting your request for authorization. Please include any pertinent information from the Child Welfare Services referral form, such as identified protective issues, high risk status, or circumstances prompting referral. *For example, "Referred by Child Welfare Services due to history of severe neglect" or "Referred by Child Welfare Services because progress in therapy has been minimal."*

### **Q: How do I complete the Purpose of Testing section?**

A: Please include the reason for referral specified on the Child Welfare Services referral form. *For example, "Diagnostic clarification and treatment planning recommendations" or "Assessment of cognitive, emotional and psychological functioning."*

**Q: How do I complete the List All Tests Required section?**

A: Please list the specific tests you will use to address the referral questions. We understand that due to clinical circumstances it may be necessary to adjust the testing battery during the evaluation process.

**Q: How do I complete the Total Hours of Authorization Requested section?**

A: Please specify the number of hours you are requesting for test administration, scoring, and report writing. For example, four (4) hours X9514 for test administration, two (2) hours X9530 for scoring, and four (4) hours X9538 for report writing. Please specify if a separate diagnostic interview or feedback session are needed. Eleven (11) maximum hours are allowed including diagnostic interview and feedback session.

**Q: Should I verify eligibility?**

A: Yes, you will need to verify the client's Medi-Cal eligibility within the month of service by contacting Medi-Cal at (800) 456-2387 (with provider PIN) or (800) 427-1295 or [www.medical.ca.gov](http://www.medical.ca.gov). You do not need to include the eligibility verification confirmation (EVC) number on the request form, but should document it for your records.

**Q: What if the client is found to be ineligible?**

A: If the client is found to be ineligible, please notify the client's Protective Services Worker to request County funding.

# PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING REQUEST FORM



Please fax completed form to (866) 220-4495

<b>Name of Client to Receive Testing:</b>		<b>Client's DOB:</b>
<b>Client's Medi-Cal #:</b>		<b>Testing Dates of Service Requested:</b> Start: _____ End: _____
<b>Psychologist Name:</b>	<b>Degree:</b>	<b>NPI #:</b>
<b>Psychologist's Address:</b> Street: _____ City: _____ State: _____ Zip: _____		<b>Phone:</b> <b>Fax:</b>
<b>Has a diagnostic interview (90801) taken place?</b> Yes No	<b>Date diagnostic interview completed:</b>	
<b>Referred by Child Welfare Services:</b> Yes No	<b>Court-ordered:</b> Yes No	
<b>Professional Who Referred Client to Psychologist for Testing (name and degree, specialty, phone #):</b>		
<b>Case Background:</b> (Include current level of care, specific behaviors and symptoms of concern and impact on current functioning, risk factors, assessment/testing history including dates and types of prior evaluation, co-existing medical, psychiatric, substance abuse conditions, etc.)		
<b>Purpose of Testing:</b> (Specify referral questions, outstanding issues related to differential diagnosis, contributions to the clinical treatment plan.)		
<b>Existing DSM or ICD Diagnostic Code Number and Name:</b> (Complete all DSM axes. If there is no existing diagnosis, write "None")		
<b>Rule Out Diagnostic Code Numbers and Names to be Evaluated:</b>		
<b>Diagnostic Code Number:</b>	<b>Diagnostic Code Name:</b>	
<b>List All Tests Required: (Please spell out names of tests. Indicate if administering select or supplementary subtests.)</b>		
<b>Total Hours of Authorization for Testing Requested:</b> <b>Diagnostic Interview: 90801 =</b> <b>Psychological Testing Hours: X9514 =</b> <b>Scoring Hours: X9530 =</b> <b>Report Writing Hours: X9538 =</b> <b>Feedback Session (please specify modality requested: 90806/90847/90846):</b> <b>Total hours requested: _____ (Maximum hours allowed including feedback session =11)</b>		

**Note:** Psychological testing must be pre-authorized. Information may be submitted to the fax number above or by mail to: OptumHealth Public Sector, PO Box 600340, San Diego, CA 92160-0340. Requests will be processed within 14 calendar days from date of receipt. An incomplete form may delay processing. Authorizations are based on the client's Medi-Cal eligibility, OptumHealth Policies & Procedures, and Psychological Testing Guidelines.