

Psychologist Symposium

Wednesday, August 3, 2022 1:00 p.m. – 2:00 p.m.

Upon meeting room entry, please 'Rename' your name with your First/Last Name, and add your practice name (Example: Elizabeth Ginder, CenCal Health)



Learning Objectives:

- Mental Health Benefit
- Referral Procedure Updates
- Care Coordination
- Department Forms
- Contact CenCal Health







Mental Health Benefit

Psychological & Neuropsychological Testing



Psychological Testing



Medical Necessity for Psychological Testing

- When Clinically Indicated to Evaluate a Mental Health Condition
- Testing is necessary and information achieved by psychological testing is not attainable through routine medical, neurological, or psychological assessment (self-administered or self-scored evaluations or screening cognitive tests)
- Results of proposed psychological testing are judged likely to affect care of treatment of patient and can help answer a question that medical, neurological, or psychiatric evaluation, diagnostic testing, observation in therapy or other assessment can not.
- Medical, neurological, mental status, psychiatric examinations, and diagnostic testing have been done as indicated.



Psychological Testing is considered not clinically indicated



- The patient is engaged in active substance use, in withdrawal, or in recovery from recent chronic use.
- Testing for legal (workman's compensation cases or disability cases) or educational reasons that do not inform medical management
- No diagnostic uncertainty to be resolved



Neuropsychological Testing





Medical Necessity for Neuropsychological Testing

When there is a need for the following:

- To quantify cognitive or behavioral deficits related to CNS impairment
- For objective measurement of patients' subjective complaints about memory, attention, or other cognitive dysfunction, which serves to inform treatment by differentiating psychogenic from neurogenic syndromes
- To establish a treatment plan by determining functional abilities/impairments in individuals with known or suspected CNS disorders
- To design, administer, and/or monitor outcomes of cognitive rehabilitation procedures (such as compensatory memory training for brain-injured patients)



Neuropsychological Testing is considered not medical necessary



- The patient is engaged in active substance use, in withdrawal, or in recovery from recent chronic use
- Testing for legal (workman's compensation cases or disability cases) or educational reasons that do not inform medical management
- Used as a screening tests given to the individual or general populations; or for Alzheimer's dementia
- Patient is not neurologically and cognitively able to participate in a meaningful way with the requirements necessary to perform the tests



Neuropsychological Testing is **considered not medical necessary** (Continued)



- Performed when abnormalities of brain function are not suspected
- Used for self-administered or self-scored inventories, or screening tests of cognitive function such as AIMS, or Folstein Mini Mental Status Exam (MMSE)
- Repeated when not required for medical decision making, (for example, to make a diagnosis, or to start or continue rehabilitative or pharmacological therapy)
- The member has been diagnosed previously with brain dysfunction, and there is no expectation that the testing would impact the member's medical management



Frequency Limits for Testing/Evaluations

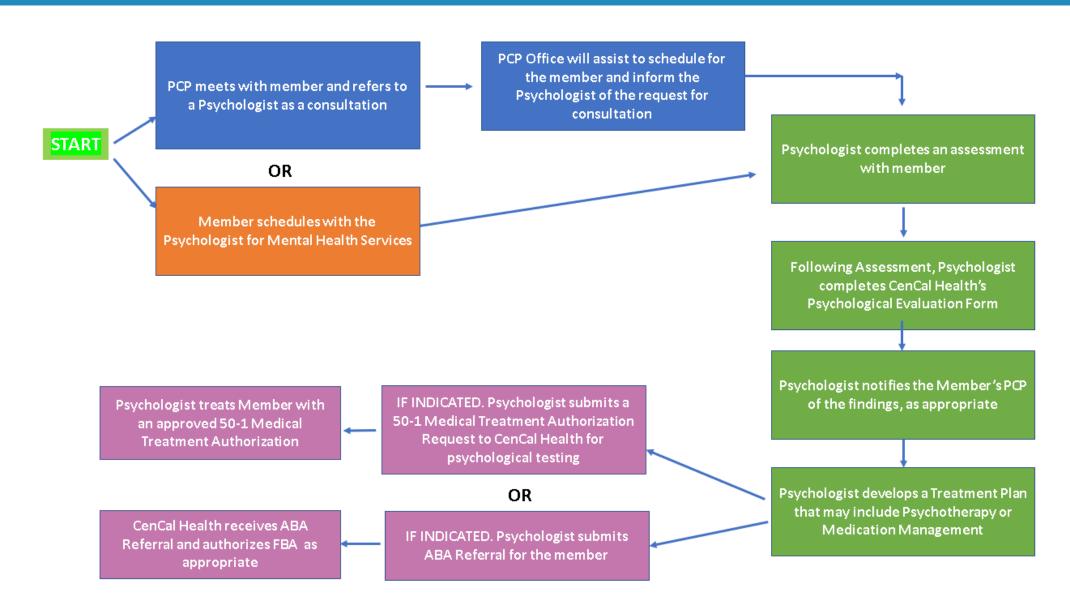
- Psych/Neuropsych testing is not an ongoing procedure, however there may be some need for monitoring for improvements/deterioration over time
- Testing is a maximum of once a year with some specific exceptions
- Requests for authorization should identify the specific indications and the unresolved diagnostic concerns to be addressed
- Requests should specify which tests/sub-tests are being proposed/requested
- Implications for treatment should be identified as appropriate



Referral Procedures



Psychological Evaluation by a Psychologist



Referral Process 8/15/2022

Past Process		Current		
1.	Primary Care Physicians submitted referrals for psychological or neuropsychological testing.	1.	Members can schedule an appointment with a contracted Psychologist to address mental health concerns; OR	
	CenCal reviewed and if approved, sent a RAFB to psychologist.	2.	Primary Care Providers and other Specialist may refer a member to a Psychologist (consult) for an	
3.	Psychologist would meet with member and	0	underlying mental health condition.	
1	complete a Psychological Evaluation Psychologist would submit a Treatment	3.	Psychologist would meet with member and conducts an assessment.	
4.	Authorization Request (TAR 50-1) to CenCal	4.	Psychologists completes CenCal's Psychological	
	for testing hours WITH CenCal's Psychological		Evaluation form	
	<u>Testing Form.</u>	5.	Psychologists advises Primary Care Provider of their	
			findings and recommendations (Consistent with HIPPA)	
		6.	If testing is indicated, submit a <u>Treatment</u>	
			Authorization Request (50-1) to CenCal for testing	
		_	hours WITH CenCal's Psychological Testing Form; OR	
		7.	If ABA Treatment is indicated, submit an ABA Referral	



Care Coordination



Care Coordination Responsibilities

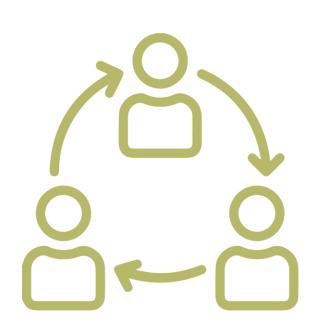
Primary Care Providers & Referring Providers

- Share Recommendations and Impressions
- Fax the Psychological Evaluation Form to CenCal Health

Mental Health Specialists

- Refer Members to a Contracted Therapist or Psychiatrist if indicated.
 - Call CenCal Health's Behavioral Health Call Center (877) 814-1861
 - o Reference Contracted Provider Directory https://provdir.cencalhealth.org/
- Submit a Behavioral Health Care Coordination Request form cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/





CenCal Health's Psychological Evaluation Form





CenCal Behavioral Health Psychological Evaluation Form

This form is to be used for psychological evaluations and provided to the referring provider. <u>Do not return to CenCal.</u>

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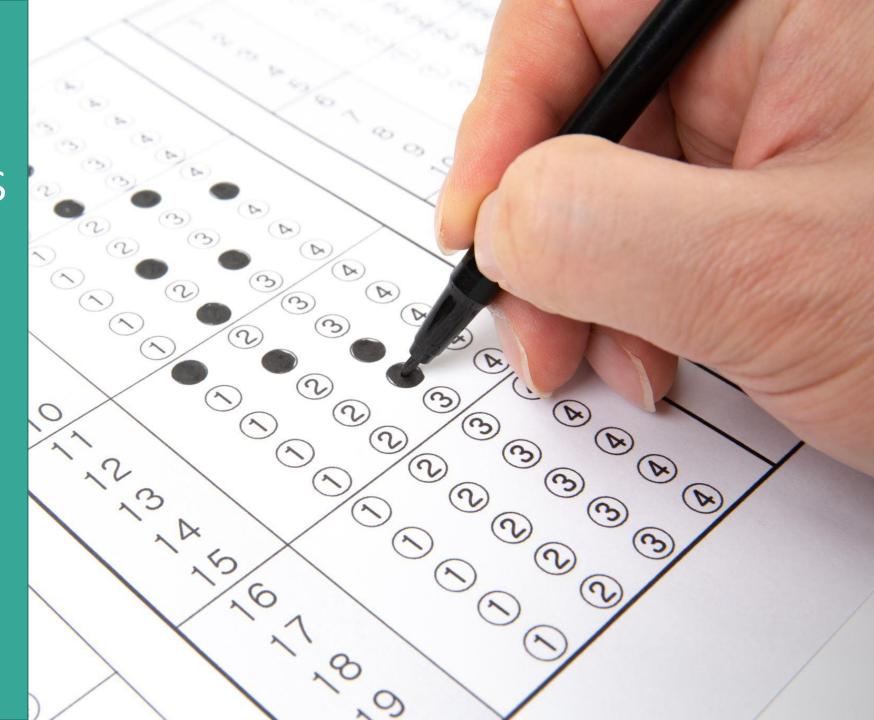
MEMBER INFORMATION Member Name: DOB: CenCal Member ID #: Date of Assessment: EVALUATOR NAME AND LICENSURE NPI: Phone: REFERRAL SOURCE Self Referral Provider Name: Office Number: REASON FOR EVALUATION PRESENTING SYMPTOMS	For Questions: Please contact the Behavioral Health Call Center (805) 562-1600						
DOB: CenCal Member ID #: Date of Assessment: EVALUATOR NAME AND LICENSURE NPI: Phone: REFERRAL SOURCE Self Referral Provider Provider Name: Office Number: REASON FOR EVALUATION	MEMBER INFORMATION						
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Provider Name: Office Number: REASON FOR EVALUATION	Self Referral						
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PRESENTING SYMPTOMS	REASON FOR EVALUATION						
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EVALUATION SUMMARY RECOMMENDATIONS Psychological Testing* Testing is necessary when the information the information achieved by psychological testing is not attainable through routine medical, neurologic, or psychological assessment. Specific Diagnostic question/issue to be addressed: Please refer to a contracted Psychologist for Psychological Testing and provide this form. ABA Treatment Please complete CenCal's ABA Referral form and return to the Behavioral Health Department. Psychotherapy Please refer member to any contracted Mental Health Specialist. Medication Management Please refer member to any contracted Mental Health Specialist. Neuropsychological Testing* Testing is necessary when the information the information achieved by neuropsychological testing is not attainable through routine medical, neurologic, or psychological assessment. There must be a need to assess and monitor cognitive functioning. Other: DON'T FORGET PCP or Referring Provider Received Copy of this Evaluation Date Sent: Pg.2

BRIEF HISTORY (DIAGNOSIS, TREATMENT, AND RELEVANT HISTORY)

CenCal Health's Psychological Testing Template







Please upload this form via the Provider Portal when submitting your TAR or via fax to (805) 681-3070.

Psychological/Neuropsychological Testing



Please read the instructions carefully before submitting this form:

Psychological/Neuropsychological Testing must be pre-authorized using this form. Testing should not be administered until the requested authorization is approved. Please note that psychological or neuropsychological testing for purposes of educational, legal (including for child custody purposes) or disability applications is not a covered benefit.

Member Information						
Member Name:		CenCal Member ID:				
Member Date of Birth (DOB):						
Requesting Provider (if different from service provider)						
Name:						
NPI:	Phone:					
Relevant Information to Support	t Request					
1. What is the primary diagnosis th	at will be the focus of this as	ssessment?				
Diag.#1	Diag.#2					
Diag.#3	Diag.#4					
2. Possible comorbid or alternative	2. Possible comorbid or alternative diagnoses:					
Diag.#1	Diag.#2					
Diag.#3	Diag.#4					
3. What are the current symptoms and impairments of the member that warrants this assessment?						
 What is the clinical question(s) the Why is this assessment necessar 						





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Psychological/Neuropsychological Testing

Pre-Service Authorization Request Form

8. Psychological/Neuropsychological tests likely to be used (Required to be completed for EACH)

Name of test	Test domain	How will this answer the purpose of testing
Provider completing re	quest form	

Provider completing request form							
Print name of provider:							
Signature of provider:							
Date:	NPI:			Pg.2			

Behavioral Health Provider Line (805)562-1600

Behavioral Health Call Center (For Members) (877)814-1861

Secure Link

https://gateway.cencalhealth.org/forms/bh

Provider Services (Provider Portal) (805) 562-1676

Claims (Billing & Claim Status) (805) 562-1083



Contact CenCal Health

