



Psychological/Neuropsychological Testing FAQ

This FAQ is not exhaustive and is meant to serve as a helpful guide.

Q: When do we need to start requesting prior authorization (PA) for psychological/neuropsychological testing?

A: April 1, 2025—Oklahoma Complete Health® (OCH)
April 1, 2025—Aetna Better Health® of Oklahoma (ABHOK)
May 1, 2025—Humana Healthy Horizons® in Oklahoma

Q: How can I request a PA for psychological and/or neuropsychological testing?

A: Please note the following:

- A request for PA does not guarantee payment.
- PA is required.
- Unauthorized services will not be reimbursed.

OCH:

OCH's preference is that [Availity Essentials](#)™ be used whenever possible; in cases in which Availity Essentials is not available, the provider can submit requests by fax.

Provider portal: Register for Availity Essentials if you have not already done so.

Fax: Fax your PA request to 844-565-0273. This fax number will be included on our [outpatient treatment request form](#) once the Oklahoma Health Care Authority (OHCA) approves the form.

If you have questions, please email
OklahomaCompleteHealthPR@OklahomaCompleteHealth.com

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ABHOK:

You can submit PA requests via:

Phone: Call 844-365-4385.

Provider portal: Register for Availity Essentials if you have not already done so.

Fax: Download the correct PA request form at [Aetna's website](#), then fax it to us at the number on the corresponding PA request form.

If you have questions, please check your provider manual (PDF), or call us at 844-365-4385 (TTY: 711), Monday – Friday, 8 a.m. – 5 p.m., Central time.

You can find a current list of services requiring PA in the provider portal. You can also find out if a service needs PA by using ProPAT, our online PA search tool.

Humana Healthy Horizons:

You can submit PA requests via:

Phone: Call 855-223-9868 (TTY: 711), Monday – Friday, 8 a.m. – 5 p.m., Central time.

Provider portal: Register for Availity Essentials if you have not already done so.

Fax: Download the correct PA request form at our [Oklahoma SoonerSelect: Prior Authorization webpage](#). Then, fax it to us at 833-558-9712.

If you have questions, please check your [provider manual](#), or email us at OKMedicaidProviderRelations@humana.com.

You can find a current list of services requiring PA on our [Provider prior authorization and notification lists webpage](#).

You can also find out if a service needs PA by using our online PA search tool.

Q: What information is needed for psychological/neuropsychological testing PA requests?

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- A:** In general, regarding the information needed to demonstrate medical necessity criteria, Humana Healthy Horizons, ABHOK and OCH will ask for:
- Patient information—name, date of birth (DOB), member ID number
 - Provider information—name, Tax Identification Number (TIN), National Provider Identifier (NPI), address, phone, and fax number for both agency and treating professional
 - Current International Classification of Diseases (ICD) diagnosis, primary rule out (R/O), secondary R/O, and the reason for psychiatric/neuropsychiatric testing, including any comorbid medical, psychiatric or substance use disorders
 - Date of intake/diagnostic interview (90791) prior to requesting testing
 - Number of hours (for each code) the testing requires
 - Specific tests to be used
 - Name and credentials of the provider performing the tests
 - Information to support specifically how the evaluation results will affect treatment

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- Documentation of a copy of the request/referral for testing recommended by a physician, psychiatrist, psychologist or a licensed mental health professional with pertinent medical records
- Current symptoms, behaviors or impairments prompting the request for testing
 - Please include any information on self-harming behaviors.
- Clinical information pertaining to the questions to be answered by administering the tests and any collateral information
- Information as to how the testing will affect care and treatment in a meaningful way
- Member history—treatment history, including medical, developmental, substance use
- Prior history of psychological/neuropsychological testing, including types of tests and dates
- Current list of medications

Q: What criteria do you use for psychological and neuropsychological testing?

A: OCH utilizes InterQual® criteria for psychological testing. InterQual is a nationally recognized evidence-based decision support tool.

Providers can access InterQual SmartSheets™ for adult and pediatric procedures by signing in to the secure provider portal or by calling OCH. Additionally, our psychologist conducts one-on-one conversations about the criteria needed to meet medical necessity criteria (MNC) for testing, as needed during the review process.

ABHOK utilizes Milliman Care Guidelines (MCG) guidelines. MCG guidelines are updated regularly as each new version is published. A copy of individual guidelines pertaining to a specific case is available for review upon request.

Humana Healthy Horizons utilizes MCG and OHCA criteria. For information related to MCG, please visit our [MCG Transparency Portal website](#).

Q: How can we contact you for more information?

A: OCH: Please email OklahomaCompleteHealthPR@OklahomaCompleteHealth.com.

ABHOK: Please email ABHOKProviderEngagement@AETNA.com.

Humana Healthy Horizons: Please email OKMedicaidProviderRelations@humana.com.

Q: Are there differences in what is covered for adults versus minors?

A: No, however testing should be age appropriate.

Q: Are referrals from primary care providers or licensed mental health professionals required prior to seeking testing, or can the member self-refer?

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A: Per OHCA rules, members may self-refer if an evaluation has been recommended or is being requested by a physician, psychiatrist, psychologist or a licensed mental health professional.

Note to testing providers: Documentation of the recommendation/request from the physician, psychiatrist, psychologist or licensed mental health professional is required when requesting PA.

Q: What if I need more units?

A: Please submit a new request for authorization.

Q: What will the lengths of the authorization be?

A: Authorization from all three contracted entities (CEs) will be 6 months.

Q: Can a member be referred by a school?

A: Per OHCA guidelines, an inappropriate request would be if the evaluation results will be utilized for academic placement/purposes or diagnosis of a learning disorder only. Other school-based referrals will be considered for medical necessity on a case-by-case basis.

Q: Why is Humana Healthy Horizons not starting the PA process on April 1, 2025?

A: Humana Healthy Horizons will initiate the PA process on May 1, 2025, because of specific provider notification timelines.

Q: What accounts for the differences between the CE rules and those of OHCA?

A: The SoonerSelect plans, ABHOK, Humana Healthy Horizons and OCH may use any nationally recognized medical criteria for approving PA requests. This includes the length of the PA, the documentation that should accompany the PA request and any other requirements. This does not constitute the CEs' being "more restrictive." Revising cadence of PA reviews or the length of PA are not considered "more restrictive."

CEs do not have access to PICIS system and OHCA/Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) systems for service authorization. All CEs utilize Availity Essentials for the PA process. CEs also provide PA via phone and fax.

OHCA stipulates CEs must deliver an authorization decision within 72 hours.

Q: What exact codes require PA for all 3 CEs?

A: All 3 CEs will require PA for codes 96130, 96131, 96132, 96133, 96136, 96137, 96138 and 96139.

Q: Which common testing codes will not require PA?

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- A:**
- 96116 and 96121—Neurobehavioral testing codes will **not** require PA.
 - 90791—Diagnostic evaluation will **not** require PA.
 - 96146—Psychological or neuropsychological test administration with automated instrument will **not** require PA.
 - 90887—Interpretation and explanation of results will **not** require PA.

Q: How long will it take to get the PA decision once it has been submitted?

A: If all needed clinical documentation is included, the CEs are required to respond with a decision within 72 hours.

Q: Will the CEs accept testing requests/recommendations from the Department of Human Services for children in foster care?

A: Yes.

Q: Will the CEs accept testing requests/recommendations from the Office of Juvenile Affairs (OJA)?

A: Yes, however, testing is not medically necessary when used primarily for legal/judicial purposes (competency).

Q: How should we provide all the clinical and supporting information on the list that is gathered during the intake?

- A:**
- Supporting information should be acquired during the diagnostic interview process, which does not require PA.
 - If you cannot complete a diagnostic interview prior to the testing date, you will need to obtain the clinical information from the treating provider, referral source, member and/or the member's parents, etc.

Q: If more units are needed, what is the maximum number of units allowed before new authorization is required?

A: The CEs' process is to authorize the number of units that align with the testing administration, scoring time, report writing and feedback.

Q: For clients already scheduled for the first week of April, how soon can PA be approved?

A: Authorization will be required if any of the testing services that require PA take place on or after the CE go-live date (i.e., April 1, 2025 for Aetna and OCH; May 1, 2025 for Humana Healthy Horizons).

Q: Is it the number of "hours" for each testing code or number of "units"? These seem to be used interchangeably.

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- A:**
- The number of units needed should be evident for each code on your request. You can also indicate the total number of units **and** hours for clarity.
 - 1 unit equals 1 hour for test evaluation services (e.g., report writing and feedback).
 - 1 unit equals 30 minutes for test administration and scoring.

Q: The peer-to-peer review process is cumbersome. How can clinicians doing evaluations create a one-on-one appointment time to complete the peer-to peer with the CEs for each client?

- A:**
- Most peer-to- peer reviews can be avoided by submitting all the information necessary to demonstrate medical necessity.
 - Peer-to-peer reviews take approximately 15 minutes and are scheduled based on provider availability.

Q: What should we do if we have testing in progress?

- A:**
- If you need authorization for a past service provided (starting April 1 for OCH and ABHOK or May 1 for Humana Healthy Horizons only), please submit a retroactive authorization request.
 - Anything billed on/after these dates will require authorization.

Q: What strategies can we implement to minimize the volume of calls and faxes we receive from the CEs and enhance the efficiency of this process?

- A:**
- Ensure all necessary clinical documentation is included with the request.
 - Each request should contain personalized information regarding the member's functioning, symptoms and behaviors.
 - Provide a detailed and specific rationale for the testing in your documentation by addressing the following:
 - What questions are you aiming to answer through the testing?
 - What diagnostic considerations are being ruled out?
 - How will the results influence treatment decisions?
 - Please verify that the units are accurate.
 - 1 unit equals 1 hour for test evaluation services (including report writing and feedback).
 - 1 unit equals 30 minutes for test administration and scoring.

Q: Is it necessary to specify the protocols intended for testing? There may be instances on the testing day when modifications are required. Is this allowed?

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A: Providers are expected to outline the tests they foresee in their requests. Adjustments are permitted if they are justified by clinical judgment on the day of testing.

Q: If we submit the request today and it is processed within 72 hours, will the authorization be effective from the date of request or from the date of approval?

A: A standard review will be based on the start date you requested in your PA request.

Q: How quickly will decisions be made if the CE needs to request additional information?

A: Should the CE require further information to reach a determination, the decision timeline may be extended by as many as 14 days.

Q: What is the rationale for omitting moods from testing?

A: Psychological testing is not required for diagnoses that can be established with a comprehensive diagnostic interview.

Q: Is it necessary for psychologists to conduct a 90791 assessment and meet with the patient before proceeding with any testing?

- A:**
- This approach aligns with the best practices established by the American Psychological Association (APA) and InterQual.
 - If you do not conduct a 90791 assessment, the CEs anticipate you will submit adequate clinical information to justify the request.

Q: Does the minimum requirement remain at 10 hours, per OHCA, before we must seek an extension?

- A:**
- Every code on the prior authorization list (PAL) necessitates PA, regardless of the number of units or hours involved.
 - The units requested should correspond to the tests conducted and the clinical presentation.

Q: Can the testing psychologist also serve as the referring psychologist?

A: If you are a psychologist and you complete the diagnostic/clinical interview (90791) and determine the member needs testing, that referral/recommendation could come from you.

Q: If a member changes CEs, will the new CE recognize the existing authorization?

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- A:**
- You should submit a new authorization request to the new health plan, along with the approval notification from the previous plan.
 - If PA was granted by the former CE at least one day before the member switched plans, the new CE will honor that request for a minimum of 90 days.

Psychologist insight corner

Q: When is testing appropriate?

A: Testing is appropriate under the following list of circumstances:

- For differential diagnosing, which is unclear following traditional assessment
- As diagnostic clarification, which may be needed for treatment planning purposes, to provide effective therapy or for medication treatment planning
- As second opinions, which may be required for treatment failures
- To help inform diagnostic decision making where research supports the necessity of testing for autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), dementia, traumatic brain injury (TBI) and to guide treatment
- When presentation includes multiple overlapping symptoms
- When there is a history of trauma complicating differential diagnosis
- For screening prior to a medical or surgical intervention (bariatric, spinal cord stimulators, brain surgery)
- To evaluate suspected or confirmed cognitive impairment
- When there is a lack of expected progress in evidenced-based psychiatric/psychological treatment

Q: When is testing not considered medically necessary?

A: Testing is not considered medically necessary under the following list of circumstances:

- For academic, vocational or for legal/judicial purposes (competency)
- As “routine” testing, such as testing all new admissions or for placement
- When previous testing (with the same or similar instruments) was administered within the last year
- For certain diagnoses that can be determined with clinical interviews and collateral information gathering, such as mood disorders, anxiety disorders, oppositional defiant disorder, conduct disorder, etc.
- For intellectual curiosity or patient preference

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General considerations

Consider the following when requesting PA for psychological/neuropsychological testing:

- Testing is approved only for licensed psychologists and other clinicians for whom testing falls within the scope of their clinical license and who have specialized training in testing.
- The administration of a standard battery of tests is not routinely considered medically necessary.
- Specific tests to answer the referral question and presenting problem are endorsed.
- Ensure instruments selected are age appropriate.
- Ensure instruments selected are consistent with the diagnoses under consideration, and all are required.
- Ensure instruments selected have standardized norms, reliability or documented validity.
- Ensure time requested falls within the range of standard administration and scoring times for the instruments selected.
- Rating scales and projective instruments must be appropriate as part of a battery, rather than as stand-alone instruments.
- Providers should seek and review information from current/former behavioral health evaluations, testing and/or treatment providers.

Best practices nationally

The American Psychological Association 2019 Psychological and Neuropsychological Testing Billing and Coding Guide (2019) and the APA Guidelines for Psychological Assessment and Evaluation (2020) provide clinical practice guidelines to inform the respective fields.

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