

Jim Freeburg, Rules Coordinator

August 4, 2016

Office of the Insurance Commissioner

P.O. Box 40260

Olympia, Washington 98504-0260

RE: Matter No. R 2016-19 regarding prior authorization processes and transparency

The Washington State Psychological Association (WSPA) enthusiastically supports the efforts of the Office of the Insurance Commissioner (OIC) to adopt rules regulating the processes of prior authorization and transparency. We appreciate the opportunity to provide comments on the proposed rule.

In general, prior authorization for outpatient psychotherapy services is no longer required. Most insurers have determined that the procedure is unnecessarily costly. For the few insurers that do require prior authorization for outpatient psychotherapy, the process typically takes 24 hours or less. This, however, is not the case with regard to psychological and neuropsychological testing. Insurers do not provide their criteria for authorizing any types of testing. There is widespread confusion within company administration across all insurance plans about whether or not testing is covered and what limits, such as time, type of test and who may administer tests, might apply.

There is very little consistency among insurers as to information required in order to authorize psychological and neuropsychological testing. Typically, prior authorization for testing takes about two weeks to complete. The most difficult problem psychologists encounter with regard to prior authorization for testing is confusion as to whether or not testing is covered by an enrollee's mental health or general medical benefits. Often, psychologists are informed that testing will be covered under the enrollee's medical benefits only to determine after testing is completed that the claim is denied because it should have been submitted as covered by the enrollee's mental health benefits.

WSPA has, in addition, heard complaints from psychologists that there is no standardization for prior authorization for psychological testing as part of prebariatric surgery procedures (CPT code 96101). Generally, prebariatric psychological testing is covered under general medical benefits, but the lack of clarity about criteria for coverage for testing is quite variable.

Again, WSPA very much appreciates the opportunity to provide input into the development of rules for Prior authorization procedures. If you have any questions or concerns, please contact Dr. Lucy Homans, WSPA's Director of Professional Affairs at lucy.homans@gmail.com or at 206-940-5100. Thank you.

