

Statement on Psychological Testing

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In attempting to provide for the optimal education for their children parents will discuss their concerns with the family physician. The family physician may then refer the child and their parents to a psychologist for further assessment in order to seek proper diagnosis and treatment. On other occasions a person may be seeking to undergo a surgery that will help them in restoring health or in dealing with chronic pain. A part of the assessment conducted by a psychologist may involve giving written or computerized tests so that the child's performance or situation can be compared to others.

Over the last decade insurance carriers have sharply limited the use of psychological tests and, while the policy may contain language saying that such services are covered, the request for such testing is likely to be denied as unnecessary. Reasons used to deny testing include:

1. Testing is primarily for educational/vocational purpose
2. Testing is primarily for the purpose of determining if a patient is a candidate for a specific type or dosage of medication
3. Testing is primarily for the purpose of determining if a patient is a candidate for a medical or surgical procedure.
4. Testing is primarily for diagnosing Attention Deficit Hyperactive Disorder unless the diagnostic interview, clinical observations, and results of appropriate behavioral checklists are inconclusive.

The "bottom line" for any testing for ADHD or for surgical procedures such as gastric bypass or pain management devices is that insurance will not pay. The problem that comes out of this is that many physicians, agencies, and schools require a formal report containing current level of functioning, need for accommodations, and other recommendations. This circumstance creates a "Catch 22" where the person needs a report and the psychologist needs to do testing but the insurance company doesn't think the testing is necessary.

In an attempt to resolve this conflict at a minimal expense my office provides for a limited response back to referral sources while also making available full assessment services sufficient to generate a formal report. If a letter is to be generated back to a referral source then a charge of \$125 (not covered by insurance) will be paid by the patient. This letter will include information concerning the clinical interview and a provisional diagnosis.

If a comprehensive report using psychological testing is required then a negotiated amount (ranging between \$250 to \$900, depending on complexity and time invested) will be reached with the patient. The patient will be scheduled for several sessions to administer the examination and then a full report is issued.