

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING - PRIOR AUTHORIZATION REQUEST FORM

**Please fax
completed form
to 1-888 960-8129**

Name of Member to receive testing:		Member's DOB: / /	Today's Date / /
Enrollee ID #:		Testing Dates of Service Requested Start: / / End: / /	
Psychologist Name: ID #:	Degree:	Type of License: NPI #:	TIN:
Address: City: State: Zip:		Phone: Fax:	
Provider who referred Member to psychologist for testing or None/Other			
Name:		Specialty/Type:	Phone (Optional):
Case background: <small>(Please include Member's current level of care, specific behaviors and symptoms of concern and impacts on current functioning, assessment/testing history including dates and types of prior evaluation, co-existing medical, psychiatric, substance use conditions, etc.)</small>			
Purpose of testing: <small>(Specify referral questions, outstanding issues related to differential diagnosis, contributions to the clinical treatment plan.)</small>			
ICD Diagnostic Code Number and DSM Diagnostic Label: <small>(If no diagnosis exists, write "None".)</small>			
Rule-Out Diagnostic Code Numbers and Names to be Evaluated ICD Diagnostic Code Number: DSM Diagnostic Label:			
List All Tests Required: <small>(Please spell out names of tests. Indicate if administering select or supplementary subtests.)</small>			
Total units of authorization for testing:			
Psychological Testing 96130 = 96131 = > Base codes - max 1 unit allowed total for all base codes even if testing multiple days. > Only one type of Test Evaluation codes can be used; Psych or Neuro. > Administration & Scoring - minimum of two tests must be used. > Automated Testing - limited to use of a single test. Use regular codes if giving more than one test.	Neuropsychological Testing 96132 = 96133 =	Neuro-Behavioral Status Exam 96116 = 96121 = Automated Testing 96146 =	Test Administration 96136 = 96137 = 96138 = 96139 =
Has testing been started? <small>(If yes, state service date range.)</small>		Yes No	Court ordered? Yes No

Note: Prior authorization must be obtained for coverage of psychological and neuropsychological testing services when required by the member's benefit plan. Testing services may otherwise be subject to post-service clinical review in order to determine coverage. An incomplete form or incorrect code combination may delay processing. Authorization is based on the member's eligibility, terms of the benefit plan, Federal/State regulations, and InterQual Guidelines. Please call the toll-free number on the back of the member's insurance card if you have any questions.