

Psychological/Neuropsychological Testing Authorization Request Form

Submit online authorization requests, as well as concurrent review updates, through **Availity®** or fax the completed form to **1-800-496-9600**.

Please check the appropriate service you're requesting:

☐ Psychological Testing ☐ Neuropsychological Testing

Requested Start Date for This Authorization: _____

Member Information

Member Name: _____ Member ID#: _____

Member Address: _____

Date of Birth: _____ Member/Guardian Phone Number: _____

Parent/Guardian Name (if member is a minor): _____

Provider Contact Information (contact person): _____

Title: _____ Phone#: _____ Fax#: _____

DSM-5/ICD-10 Diagnosis Codes Under Evaluation: _____

Co-morbidities (medical conditions): _____

Testing Provider and Facility Information

Physician/Clinician Name and Credentials: _____

Provider ID#/NPI: _____ Tax ID: _____

Provider Address: _____

Phone#: _____ Fax#: _____

Clinical Information

Who referred the member for testing? _____

What are the referral questions?

Why is testing being requested at this time?

Describe how proposed testing will clarify diagnosis and impact future behavioral treatment:

Current Behavioral Health Treatment:

Prior Behavioral Health Treatment:

Are there potential medical explanations of current symptoms/behaviors other than psychological?

☐ Yes ☐ No

Explanation: _____

Test Administration and Scoring

Specific psychological tests being requested (full name of test written out) with specified units for each one:

[illegible]

CPT® Codes for Neuropsychological and Psychological Testing*

Psychological Testing Evaluation (60 min=1 unit)

96130: _____

96131: _____

Test Administration (30min =1 unit)

96136: _____

96137: _____

96138: _____

96139: _____

Neuropsychological Testing Evaluation (60min=1 unit)

96132: _____

96133: _____

Test Administration (30min =1 unit)

96136: _____

96137: _____

96138: _____

96139: _____

Include additional information below or attach additional clinical to fax.

By submitting this request, you're confirming that you've provided all clinical information available pertinent to this request and you're requesting the decision be made based on the information provided in your submission.

Testing regarding basic intellectual, cognitive, academic, developmental, psycho-motor and visual-motor functioning is usually considered educational. Testing that's partially or primarily for educational purposes is not a covered benefit. (This disqualifier may be subject to account-specific arrangements.)

Signature of Physician/Clinician and Credentials: _____

Date Signed: _____

Contact the eBusiness Marketing team for all your Availity.com registration and training needs by calling **423-535-5717** Option 2.

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