



PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING REQUEST FORM

Please fax completed form to (855) 454-8155

For Medica members, Call 1-800-848-8327 for Medica eligibility and benefit questions.

Name of Member to receive testing:		Member's DOB:	
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 <input type="checkbox"/>			
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		DSM Diagnostic Label:	
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>			
Psychological Testing 96130= 96131=	Neuropsychological Testing 96132= 96133 =	Neuro-Behavioral Status Exam 96116 = 96132 =	
Psychological and Neuropsychological Test Administration 96136= 96137= 96138= 96139=			
Psychological and Neuropsychological Automated Testing 96146=		Total hours of Authorization for testing _____	
Feedback session requested? Yes <input type="checkbox"/> No <input type="checkbox"/>		96131= 96133=	
Has testing been started? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, state service date range.)</small>		Court ordered? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Note: Prior notification/authorization must be obtained for coverage of psychological and neuropsychological testing service when required by the member's benefit plan, or testing service otherwise may be subject to post-service clinical review in order to determine coverage. An incomplete form may delay processing. Notification/authorization is based on the member's eligibility, terms of the benefit plan, Federal/State regulations, OptumHealth Policies

Note: Notification/Authorization, when required by a member's policy, must be obtained separately for a 90791 initial diagnostic interview visit and for a testing feedback visit billed as an interview/therapy & Procedures, and Psychological and Neuropsychological Testing Guidelines and Coverage Determination Guidelines. Please call the toll-free number on the member's insurance card if you have any questions.