



PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING REQUEST FORM

Please fax
completed form
to (855) 268-9392

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			
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 hours of authorization for testing: <small>(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 visit.)</small>			
Psychological Testing	Neuropsychological Testing	Neuro-Behavioral Evaluation	
96101 =	96118 =	96116 =	
96102 =	96119 =		
96103 =	96120 =		
Feedback session requested? Yes No <small>(If yes, please bill as 90834/90846 and claim under separate authorization, or specify CPT code requested.)</small>			
Has testing been started? Yes No <small>(If yes, state service date range.)</small>		Court ordered? Yes No	

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's Policies & 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.