



OPTUMTM

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING REQUEST FORM

**Please fax
completed form
to (888) 216-4795**

| | | | |
|---|----------------------------|---|-------------------|
| 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.