



# Request for Psychological and Neuropsychological Testing Preauthorization

Please provide all requested information, subject to applicable law. In most cases, an initial assessment by a behavioral healthcare provider must be administered before psychological testing will be authorized.

Authorization for psychological testing will not be considered until all sections of this form are completed. To avoid potential issues with reimbursement, psychological testing should not be initiated until an authorization has been received.

**Please fax completed form to (888) 656-7501.**

**Please print clearly – Complete all items – Incomplete forms cannot be processed**

### I.

Today's Date: \_\_\_\_\_ Insurance Plan: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Policy Holder Name (if different from pt): \_\_\_\_\_

Patient's DOB: \_\_\_\_\_ Policy Holder ID (if different from pt): \_\_\_\_\_

Patient's Unique ID or Policy #: \_\_\_\_\_ Policy Holder Address: \_\_\_\_\_

Requested Start Date of Auth: \_\_\_\_\_

### II. Person or Agency Making the *Initial* Referral to the Testing Psychologist:

Psychiatrist       Other Psychologist       School Staff (Specify): \_\_\_\_\_

Psychotherapist       Parent       PCP/Medical Specialist: \_\_\_\_\_

Testing Psychologist       Court       Other: \_\_\_\_\_

### III. Testing Provider Information:

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Name of Agency/Org: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Extension: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

Service Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ NPI: \_\_\_\_\_ TaxID: \_\_\_\_\_

City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_ TaxID Owner Name: \_\_\_\_\_

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### IV. ICD-10 Diagnosis:

Code	Current or Provisional Diagnosis		Description
_____	<input type="checkbox"/> Current	<input type="checkbox"/> Provisional	_____
_____	<input type="checkbox"/> Current	<input type="checkbox"/> Provisional	_____
_____	<input type="checkbox"/> Current	<input type="checkbox"/> Provisional	_____

(For the following questions, attach additional sheet if needed.)

**V. What is the clinical question that needs to be answered by testing?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VI. Why can't this question be answered by a diagnostic interview, a medical and/or neurological consult, review of psychological/psychiatric records, or second opinion?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VII. What are the current symptoms and/or functional impairments related to testing question?**

\_\_\_\_\_  
\_\_\_\_\_

**VIII. How would the results of testing affect the treatment plan (be specific)?**

(Item VIII is not applicable in New Jersey.) \_\_\_\_\_

\_\_\_\_\_

### IX. Medical/Psychological Evaluation and Treatment:

1. Has the testing psychologist or other behavioral health professional completed an initial diagnostic evaluation [90791 (no med svcs) or 90792 (w/med svcs)] OR initial office visit with E/M services (99203, 99204, 99205)?

Yes If yes, date of evaluation: \_\_\_\_\_  
 No

2. Has patient had an evaluation by a psychiatrist?  Yes If yes, date of evaluation: \_\_\_\_\_  
 No

3. Has patient had previous psychological testing?  Yes If yes, date: \_\_\_\_\_ Focus: \_\_\_\_\_  
 No

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4. If the current testing request is ADHD-related, indicate latest results of Conners or similar ADHD rating scales:
- Testing is not ADHD-related   
  Rating scales were positive   
  Rating scales were inconclusive  
 Rating scales were negative   
  Rating scales were not administered
5. Current psychotropic medications (include *dose* and *date began*): \_\_\_\_\_  
 None     Unknown
6. **Current Substance Use:** Has member abused any substance in last 30 days?  Yes  No  
 If yes, elaborate: \_\_\_\_\_

### XI. Molina Healthcare CPT® Codes for Psychological and Neuropsychological Testing Services

CPT® Codes and Descriptions <sup>1</sup> <i>For services rendered on or after Jan. 1, 2019</i>	CPT Codes and Number of Requested Units
<b>96112</b> Developmental test administration by physician or QHP, <b>first hour</b>	_____ <b>unit</b> <i>(Only <u>one</u> unit of one hour allowed)</i>
<b>96113</b> Developmental test administration by physician or QHP, each additional hour	_____ <b># of additional hours</b>
<b>96116</b> Neurobehavioral status exam administered by a psychologist, <b>first hour</b>	_____ <b>unit</b> <i>(Only <u>one</u> unit of one hour allowed)</i>
<b>96121</b> Neurobehavioral status exam administered by a psychologist, each additional hour	_____ <b># of additional hours</b>
<b>96130</b> Psychological testing evaluation services by physician or other QHP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s) when performed, <b>first hour</b>	_____ <b>unit</b> <i>(Only <u>one</u> unit of one hour allowed)</i>
<b>+96131</b> Psychological testing evaluation services, by physician or other QHP, each additional hour	_____ <b># of additional hours</b>
<b>96132</b> Neuropsychological testing evaluation services by physician or other QHP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s) when performed, <b>first hour</b>	_____ <b>unit</b> <i>(Only <u>one</u> unit of one hour allowed)</i>

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<b>CPT® Codes and Descriptions<sup>1</sup></b> <i>For services rendered on or after Jan. 1, 2019</i>	<b>CPT Codes and Number of Requested Units</b>
<b>+96133</b> Neuropsychological testing evaluation services by physician or other QHP, each additional hour	_____ <b># of additional hours</b>
<b>96136</b> Psychological or neuropsychological test admin and scoring by physician or other QHP, two or more tests, any method, first 30 minutes	_____ <b>unit</b> <i>(Only <u>one</u> unit of 30 minutes allowed)</i>
<b>+96137</b> Psychological or neuropsychological test admin and scoring by physician or other QHP, two or more tests, any method, each additional 30 minutes	_____ <b>unit(s)</b> <i>(# of additional units of 30 minutes each)</i>
<b>96138</b> Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	_____ <b>unit</b> <i>(Only <u>one</u> unit of 30 minutes allowed)</i>
<b>+96139</b> Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	_____ <b>unit(s)</b> <i>(# of additional units of 30 minutes each)</i>
<b>96146</b> Psychological or neuropsychological test admin, with single automated, standardized instrument via electronic platform, with automated result only	_____ <b>unit</b> <i>(Only <u>one</u> unit allowed)</i>
<b>Other:</b>	
<b>Other:</b>	
<b>Total number of hours requested (count automated test admin as one hour):</b>	_____ <b>total hours</b> <i>(may include .5 to represent half an hour e.g., 5.5)</i>

**Please note:** Codes on reimbursement schedules may vary by state or plan. Nothing in this document should be construed as altering your currently contracted services. There may be codes above for which you are not contracted. The presence of them here does not add them to your current contract.

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\_\_\_\_\_  
Signature of supervising psychologist

\_\_\_\_\_  
Date