

Request for Authorization — Neuropsychological Testing

Behavioral health services telephone: **1-855-817-5786**, fax: **1-866-877-5229**

General information

Member name:	DOB:	Age:	Member ID:
Name of psychologist:		Address:	
Provider number:		Provider NPI:	
Provider phone number:		Provider fax number:	
Provider email:			
Referral source:		Specialty:	
Address:		Phone:	

Neuropsychological testing may be medically necessary for assessment of neurocognitive functioning following traumatic brain injury, stroke or neurosurgery. It may also be useful for monitoring the progression of cognitive impairment secondary to neurological disorders, to assist in the development of rehabilitation strategies for persons with neurological disorders, and to aid in differential diagnosis between psychogenic and neurogenic syndromes. Formal psychological or neuropsychological testing beyond structured interviews or direct and structured behavioral observation is rarely considered medically necessary for the diagnosis of ADHD or pervasive developmental disorders. It is not considered medically necessary for diagnosing learning disorders in the absence of verified brain injury.

Clinical information

<input type="checkbox"/> Traumatic brain injury and date:	<input type="checkbox"/> Encephalitis and date:	<input type="checkbox"/> Epilepsy and cognitive impairment suspected or documented and date:	<input type="checkbox"/> Multiple sclerosis and suspected or demonstrated cognitive impairment
<input type="checkbox"/> Anoxic/hypoxic brain injury and date:	<input type="checkbox"/> CVA and date:	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Major affective disorder
<input type="checkbox"/> History of intracranial surgery and date:	<input type="checkbox"/> Brain tumor in remission with slow progression	<input type="checkbox"/> Neurosurgery planned for epilepsy control and date:	<input type="checkbox"/> Head injury with loss of consciousness and date:
<input type="checkbox"/> Confirmed neurotoxin exposure and date:	<input type="checkbox"/> Dementia suspected	<input type="checkbox"/> Other:	

Please include any relevant medical records to support the request for testing.

<https://mediproviders.anthem.com/ca>

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Clinical assessment

<input type="checkbox"/> Clinical interview with patient and date:	<input type="checkbox"/> Psychiatric evaluation and date:	<input type="checkbox"/> Structured developmental and psychosocial history and date:	<input type="checkbox"/> EEG and date:
<input type="checkbox"/> Neurologic exam and date:	<input type="checkbox"/> Interview with family member(s) and date:	<input type="checkbox"/> Consultation with school or other important persons and date:	<input type="checkbox"/> Medical evaluation and date:
<input type="checkbox"/> Consultation with PCP and date:	<input type="checkbox"/> Brief rating scales or inventories	<input type="checkbox"/> Neuro-imaging (CT, MRI, PET, etc.) and date:	

Date of clinical interview: _____

Other pertinent history or clinical information relevant to request for neuropsychological testing:
Has the patient had previous psychological/neuropsychological testing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of testing: __/__/____. What were the results and reasons for testing?
Is the patient taking medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:
Have drug effects been ruled out as a cause of cognitive impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please include the patient's substance abuse history to date:
What are the specific questions to be answered by neuropsychological testing that cannot be determined from the above services? How will the test results impact this patient's treatment?
ICD-10 diagnoses under evaluation:

Neuropsychological tests requested:

Please list the tests you are requesting and the administration time. For tests with multiple versions, specify which one. If you are administering selected subtests, please indicate which ones. Please attach a separate sheet if necessary.

Please provide the hours and billing codes requested for the current neuropsychological assessment:

96116 _____ hours (HRS) 96119 _____ HRS 96118 _____ HRS Other: _____

Total time requested in HRS:

Provider signature: _____

Date: _____

Authorization for routine outpatient care is not required for network providers treating eligible members. Authorization for neuropsychological testing is subject to verification of member eligibility and is not a guarantee of payment.

Note: We are unable to process illegible or incomplete requests.