

Request for Precertification Neuropsychological Testing

Anthem Blue Cross and Blue Shield Medicaid (Anthem)
 TELEPHONE: 1-855-661-2028 FAX: 1-866-877-5229

General Information

Member name: Date of birth: Age:	Member ID:
Psychologist name:	Provider ID:
Phone: Fax:	Provider NPI:
Address:	
Referral source:	Specialty:
Address:	
Phone:	

Neuropsychological testing requires a referral by a board certified psychiatrist, neurologist or developmental pediatrician and may be medically necessary for assessment of neurocognitive functioning following traumatic brain injury, stroke or neurosurgery. It also may 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 and direct, structured behavioral observation is rarely considered medically necessary for the diagnosis of attention-deficit/hyperactivity disorder or pervasive developmental disorders. Neither is it considered to be medically necessary for diagnosing learning disorders in the absence of verified brain injury.

Clinical Information

Check any that apply		
<input type="checkbox"/> Traumatic brain injury Date: _____ <input type="checkbox"/> Encephalitis Date: _____ <input type="checkbox"/> Anoxic, hypoxic brain injury Date: _____ <input type="checkbox"/> CVA Date: _____ <input type="checkbox"/> Major affective disorder <input type="checkbox"/> Multiple Sclerosis and suspected/demonstrated cognitive impairment	<input type="checkbox"/> History of intracranial surgery Date: _____ <input type="checkbox"/> Brain tumor in remission with slow progression <input type="checkbox"/> Epilepsy and cognitive impairment suspected or documented Date: _____ <input type="checkbox"/> Psychosis Date: _____	<input type="checkbox"/> Neurosurgery planned for epilepsy control Date: _____ <input type="checkbox"/> Dementia suspected <input type="checkbox"/> Confirmed neurotoxin exposure Date: _____ <input type="checkbox"/> Head injury with loss of consciousness Date: _____
Duration of symptoms: <input type="checkbox"/> 0-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> Over 12 months		

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

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Anthem member ID: _____

Other pertinent history or clinical information relevant to request for neuropsychological testing authorization:

Current possible DSM-IV TR diagnosis under evaluation:

Axis I:	Axis IV:
Axis II:	Axis V (current/highest in 12 months):
Axis III:	

Has this patient had previous psychological/neuropsychological testing? Yes No

If yes, date of testing: _____

What were the results and reasons for retesting?

Is the patient taking medications? Yes No

If yes, please list: _____

Have drug effects been ruled out as a cause of cognitive impairment? Yes No

Substance abuse history to date:

Clinical Assessment

Indicate which of the following assessments have been completed:		
<input type="checkbox"/> Clinical interview with patient Date: _____ <input type="checkbox"/> Neurological exam Date: _____ <input type="checkbox"/> EEG Date: _____ <input type="checkbox"/> Brief inventories and/or rating scales Date: _____	<input type="checkbox"/> Psychiatric evaluation Date: _____ <input type="checkbox"/> Structured developmental & psychological history Date: _____ <input type="checkbox"/> Consultations with school or other important persons Date: _____ <input type="checkbox"/> Consultation with PCP Date: _____	<input type="checkbox"/> Medical evaluation Date: _____ <input type="checkbox"/> Neuro-imaging (CT, MRI, PET, etc.) Date: _____ <input type="checkbox"/> Interview with family members 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?

Anthem Member ID: _____

Possible tests requested

Indicate which of the following assessments have been completed:	
<input type="checkbox"/> Wechsler intelligence scale	<input type="checkbox"/> Luria-Nebraska
<input type="checkbox"/> MMPI	<input type="checkbox"/> Bender Gestalt
<input type="checkbox"/> WRAT-4	<input type="checkbox"/> Wechsler Memory Scale
<input type="checkbox"/> Halstead-Reitan Neuropsychological Battery	<input type="checkbox"/> Reitan-Indiana Neuropsychological Test Battery
Other (please list): _____	

Total time requested in hours: _____

 Provider Signature/Credentials Date Submitted

Date Received:	Authorized from:	Authorized to:
Reference Number: _____	96101 _____ hours	96116 _____ hours
	96102 _____ hours	96118 _____ hours
	96103 _____ hours	96119 _____ hours
		96120 _____ hours
		Other: _____

Authorization for routine outpatient care (90801, 90806, 90846, 90847) is not required for network providers treating eligible Anthem Blue Cross and Blue Shield Medicaid members.

NOTE: We are unable to process illegible or incomplete requests