

PSYCHOLOGICAL and NEURO-PSYCHOLOGICAL TESTING REQUEST FORM

****Out of Network (OON) Providers: A detailed rationale for utilizing an OON Provider including why an INN Provider is unable to meet the member's treatment needs must be included with your request.**

Note: Psychological/Neuropsychological Testing Results must be mailed or faxed to 1-888-987-5828 upon completion in order to submit for claims payment.

Prior Authorization is Required

Member Information

Member Name: _____ MAID: _____ DOB: _____

Referral Source: _____

Provider Information

Evaluator Name: _____ MD PhD Other _____

Provider Name for Authorization: _____

Provider Phone #: _____ NPI # for Authorization: _____

REL/SOGI (Complete each section and indicate if Member preferred not to answer).

Member's Race: _____ Member's Ethnicity: _____

Member's Sexual Orientation: _____ Member's Gender Identity: _____

Member's Assigned Sex at Birth: _____ Member's Pronouns: _____

Member's Alternative Name (if applicable): _____

Member's Primary Language:

Written: _____ Spoken: _____

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917

Providers: 1-888-700-7370 Fax: 1-888-987-5828

Mailing Address: 8040 Carlson Road, Harrisburg, PA 17112

Referral Reason/Question

State how the anticipated testing results will affect the Member's treatment plan

Current DSM Diagnoses: _____

Current Medications: _____

Danger to Self or Others? Yes No

If yes, explain:

MSE within Normal Limits? Yes No

If no, explain:

Current Symptoms prompting current testing request (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Self-injurious Behavior |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Eating Disorder Symptoms |
| <input type="checkbox"/> Inattention | <input type="checkbox"/> Withdrawal/Poor Social Interaction |
| <input type="checkbox"/> Hypo-Activity | <input type="checkbox"/> Mood Instability |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Changes in Memory Capacity |
| <input type="checkbox"/> Psychosis/Hallucinations | <input type="checkbox"/> Changes in Cognitive Capacity |
| <input type="checkbox"/> Atypical Behavior | <input type="checkbox"/> Unprovoked Agitation/Aggression |
| <input type="checkbox"/> Behavior Problems impacting life functions (i.e. school, home) | |
| <input type="checkbox"/> Poor Academic Performance | <input type="checkbox"/> Other _____ |

Comments:

Was a Behavioral Health Evaluation Completed? Yes No

If yes, date completed and brief description.

Was Previous Psychological or Neuropsychological Testing Completed? Yes No

If yes, date completed/Basic focus & test results.

History

Date of Member's last physical examination: _____

If ADHD is a diagnostic rule-out, indicate results of standardized ADHD rating scales, if available:

Positive Negative Inconclusive N/A

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Comments/Explain:

Psychological Testing Codes Requested:

| Code | Description | Units Requested | Start Date |
|-------|--|-----------------|------------|
| 96130 | First Hour | | |
| 96131 | Each additional hour | | |
| 96136 | Professional Scoring, first 30 minutes | | |
| 96137 | Professional Scoring, each additional 30 minutes | | |
| 96138 | Technician Scoring, first 30 minutes | | |
| 96139 | Technician Scoring, each additional 30 minutes | | |
| | Test Review with Member (1 hour maximum) | | |
| | Total Number of Units Requested | | |

Please note that the total approved and authorized Psychological Testing units will be issued by PerformCare under the primary CPT code of 96130. Providers should bill according to the above guidelines using the appropriate combination of 96130, 96131, 96136, 96137, 96138, 96139.

NOTE: 96130 & 96132 will not be authorized concurrently. The Provider should choose the code that best matches testing request. PerformCare will authorize either 96130 or 96132 if both are indicated

Neuropsychological Testing Codes Requested:

| Code | Description | Units Requested | Start Date |
|-------|--|-----------------|------------|
| 96132 | First Hour | | |
| 96133 | Each additional hour | | |
| 96136 | Professional Scoring, first 30 minutes | | |
| 96137 | Professional Scoring, each additional 30 minutes | | |
| 96138 | Technician Scoring, first 30 minutes | | |
| 96139 | Technician Scoring, each additional 30 minutes | | |
| | Test Review with Member (1 hour maximum) | | |
| | Total Number of Units Requested | | |

Please note that the total approved and authorized Neuropsychological Testing units will be issued by PerformCare under the primary CPT code of 96132. Providers should bill according to the above guidelines using the appropriate combination of 96132, 96133, 96136, 96137, 96138, 96139.

Tests planned to answer the clinical question:

| Test | Reason for Use | Educational Yes or No | Units Requested |
|------|----------------|-----------------------|-----------------|
| | | | |
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Testing will not be authorized under any of the following conditions: Testing is primarily for educational, vocational, or legal purposes; tests requested are experimental or have no documented validity; the time requested to administer the testing exceeds established time parameters; testing is routine for entrance into a treatment program.

Provider Signature: _____ **Date:** _____

****PerformCare will only generate the authorization for Psychological and Neuropsychological Testing once the provider mails or faxes the testing results/evaluations to:**

PerformCare
8040 Carlson Road
Harrisburg, PA 17112
Fax: 1-888-987-5828

For the full process please refer to [CM-012 Authorization of Psychological and Neuropsychological Testing](#).