SUBMIT TO
Utilization Management Department
PHONE 1-866-595-8133 | FAX 1-888-725-0101

INPATIENT AND OUTPATIENT NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL TESTING

Please print clearly – incomplete or illegible forms will delay processing.

Date____

PATIENT INFORMATION

Name____

Date of Birth____

Member ID#____

Social Security# ____

PROVIDER INFORMATION

Licensed Provider Administer/Supervising Test/NPI

____

Agency/Facility Name/NPI

____

Phone____

Fax ____

MEDICAL INFORMATION

Patient Diagnosis and Diagnostic Rule Outs:

Referral Question

Attach Needed Clinical Documentation to support request for testing:
Please include clinical information to state the following:

- History of medical condition, trauma or substance use disorder that may have neuropsychological consequences to the patient:
- Patient's cognitive symptoms/issues:
- Patient's psychiatric symptoms/issues:
- History of previous treatments for the above symptoms:
- How will understanding the neuropsychological status of this patient affect the treatment plan?
- Will this testing all or in part be used for educational/vocational remediation?

CPT Code	Test Name	Start Date	End Date	Units requested	Total time in Hours
96105 Assessment of Aphasia with interpretation and report, per hour					
96125 Standardized cognitive performance testing per hour, administering, interpreting results, and scoring					
96110 Developmental screening per standardized instrument				*One unit equals 1 hour	*Will always be in hours

96112 Developmental test administration by physician or other qualified health care professional, with interpretation and report, first hour only				*first hour only, will always be 1 unit if requested	*Will always be 1 hour if requested
96113 Developmental test administration by physician or other qualified health care professional,, with interpretation and report, each additional 30 mins				*if 96112 is billed, then bill 1 unit for each additional 30 minutes	* if 96112 is billed, then bill 1 unit for each additional 30 minutes
96127 Brief emotional/ behavioral assessment, with scoring and documentation, per standardized instrument				(will leave blank and doc will provide units/ hours to approve)	(will leave blank and doc will provide units/hours to approve)
96116 Neurobehavioral status exam, first hour only				*first hour only, will always be 1 unit if equested	*Will always be 1 hour if requested
96121 Neurobehavioral status exam, each additional hour					
96130 Psychological Testing Evaluation, first hour				*first hour only, will always be 1 unit if requested	*Will always be 1 hour if requested
96131 Psychological Testing Evaluation, each additional hour					
96132 Neuropsychological testing evaluation services, first hour				*first hour only, will always be 1 unit if requested	*Will always be 1 hour if requested
96133 Neuropsychological testing evaluation services, each additional hour					
96136 Psychological or Neurological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes				*first 30 minutes only, will always be 1 unit if requested	* will always be 30 minutes if requested

96137 Psychological or Neurological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes				each additional 30 minutes	
96138 Psychological or Neurological test administration and scoring by technician, two or more tests, any method, first 30 minutes				*first 30 minutes only, will always be 1 unit if requested	* will always be 30 minutes if requested
96139 Psychological or Neurological test administration and scoring by technician, two or more tests, any method, each additional 30 minutes				Additional units	(30 minutes each)
Total Number of Testing Units Requested					
Total Number of Testing Hours Requested					

I verify that the information provided within this report is an accurate representation of the patient's status and that I am privileged to administer this procedure.

Clinician Name	Clinician Signature	Date
Date Received	Date Processed	Referral Source

SUBMIT TO

Utilization Management Department

PHONE 1-866-595-8133 | FAX 1-888-725-0101