

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING REQUEST FORM

Please fax completed form to (855) 454-8155

For Medica members, Call 1-800-848-8327 for Medica eligibility and benefit questions.

Name of Member to receive testing:		Member's DOB:
Enrollee ID #:		Testing Dates of Service Requested Start: End:
Psychologist Name:	Degree:	Type of License:
ID #:		NPI#: TIN:
Address:		Phone:
City: State: Zip:		Fax:
Provider who referred Member to psychologist for testing or None/Other		
Name: Specialty/Type: Phone (Optional):		
Case background: (Please include Member's current level of care, specific behaviors and symptoms of concern and impacts on current functioning, assessment/testing history including dates and types of prior evaluation, co-existing medical, psychiatric, substance use conditions, etc.)		
Purpose of testing: (Specify referral questions, outstanding issues related to differential diagnosis, contributions to the clinical treatment plan.)		
ICD Diagnostic Code Number and DSM Diagnostic Label: (If no diagnosis exists, write "None".)		
Rule-Out Diagnostic Code Numbers and Names to be Evaluated		
ICD Diagnostic Code Number: DSM Diagnostic Label:		
List All Tests Required: (Please spell out names of tests. Indicate if administering select or supplementary subtests.)		
Psychological Testing 96130= 96131= Neuropsychological Testing 96132= 96132= 96133 = Neuro-Behavioral Status Exam 96116 = 96132 =		
Psychological and Neuropsychological Test Administration		
96136= 96137= 96138= 96139= Psychological and Neuropsychological Automated Testing 96146= Total hours of Authorization for testing		
Psychological and Neuropsychological Automated Testing 96146= Iotal hours of Authorization for testing		
Feedback session requested? Yes No 96131= 96133=		
Has testing been started? Yes No (If yes, state service date range.)	Court	t ordered? Yes No

Note: Prior notification/authorization must be obtained for coverage of psychological and neuropsychological testing service when required by the member's benefit plan, or testing service otherwise may be subject to post-service clinical review in order to determine coverage. An incomplete form may delay processing. Notification/authorization is based on the member's eligibility, terms of the benefit plan, Federal/State regulations, OptumHealth Policies

Note: Notification/Authorization, when required by a member's policy, must be obtained separately for a 90791 initial diagnostic interview visit and for a testing feedback visit billed as an interview/therapy & Procedures, and Psychological and Neuropsychological Testing Guidelines and Coverage Determination Guidelines. Please call the toll-free number on the member's insurance card if you have any questions.

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