

SUBMIT TO
Utilization Management Department
PHONE 1.844.385.2192
FAX 1.866.593.1955



INPATIENT & OUTPATIENT NEUROPSYCHOLOGICAL & PSYCHOLOGICAL TESTING

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

Date _____

PATIENT INFORMATION

First Name _____

Last Name _____

DOB _____

Member ID # _____

Social Security # _____

PROVIDER INFORMATION

Provider Name _____

Group Name _____

Phone _____ Fax _____

NPI _____

TIN _____

MEDICAL INFORMATION

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:

Will this testing all or in part be used for educational/vocational remediation? Yes No If yes, please explain:

Will this testing, all or in part, be used for legal concerns? Yes No If yes, please explain:

How will understanding the neuropsychological status of this patient affect the treatment plan?

What are the patient's diagnostic rule outs/ referral questions?

Tests planned:

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PSYCHOLOGICAL TESTING

Psychological Testing Evaluation Services	Units Requested
96130 (First hour by QHP - maximum 1 unit/hour):	
96131 (Each additional unit/hour by QHP)	
Psychological Testing - Test Administration and Scoring	Units Requested
96136 (first 30 minutes by QHP - maximum 1 unit)	
96137 (each additional unit/30 minutes by QHP)	
96138 (first 30 minutes by Tech - maximum 1 unit)	
96139 (each additional unit/30 minutes by Tech)	
96146 (single automated instrument via electronic platform with automated result only - one unit maximum)	

NEUROPSYCHOLOGICAL TESTING

Neuropsychological Testing Evaluation Services	Units Requested
96132 (First hour by QHP - maximum 1 unit/hour):	
96133 (Each additional unit/hour by QHP)	
Neuropsychological Testing - Test Administration and Scoring	Units Requested
96136 (first 30 minutes by QHP - maximum 1 unit)	
96137 (each additional unit/30 minutes by QHP)	
96138 (first 30 minutes by Tech - maximum 1 unit)	
96139 (each additional unit/30 minutes by Tech)	
Neurobehavioral Status Exam	Units Requested
96116 (first hour only by QHP - maximum 1 unit)	
96121 (each additional hour by QHP)	
96146 (single automated instrument via electronic platform with automated result only - one unit maximum)	

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 Signature

Clinician Name

Date

Referral Source

Date Received

Date Processed