

Psychological Testing Request Form

The testing provider must complete Section XI – Requested testing and, if applicable, Section XIII – Technician attestation. Either the referring provider or the testing provider may complete other sections of the form. Please provide all requested information, subject to applicable law. In most cases, an initial assessment by a behavioral healthcare provider must be administered before psychological testing will be authorized.

Authorization for psychological testing will not be considered until all sections of this form are completed. To avoid potential issues with reimbursement, psychological testing should not be initiated until an authorization has been received.

This form must be completed electronically, printed and faxed. No handwritten forms will be accepted. Please fax the completed form to 570-214-4539. Call 888-839-7972 if you have any questions regarding this form.

I. Member information:

Today's date:

Treatment start date:

Member's name:

Member's DOB:

Member's Health Plan ID:

II. Person or agency making the initial referral to the testing psychologist:

Psychiatrist

Other psychologist

School staff (specify):

Psychotherapist

Parent

PCP/specialist

Testing psychologist

Court

Other:

III. Testing provider information:

IV. Name:

Degree:

Name of agency/org:

Telephone:

Fax:

Email:

Service address:

City/state/zip:

NPI:

V. ICD-10 diagnosis/DSM diagnosis:

Code

Description

(For the following questions, attach additional sheet if needed.)

V. What is the clinical question to be answered by testing?

VI. What is the reason this question cannot be answered by a diagnostic interview, medical /neurological consult, review of psychological/psychiatric records or second opinion?

VII. What are the current symptoms and/or functional impairments related to testing question?

VIII. How would the results of testing affect the treatment plan (be specific)?

IX. Medical/psychological evaluation and treatment:

a. Has the testing psychologist or other behavioral health professional completed an initial diagnostic evaluation [90791 – no med svcs, or 90792 – w/med svcs], OR initial office visit with E/M services [999203, 99204, 99205]?

Yes

Date of evaluation:

No

b. Has patient had an evaluation by a psychiatrist?

Yes

Date of evaluation:

No

c. Has patient had previous psychological testing?

d. Yes

Date of evaluation:

No

Focus:

d. Current psychotropic medications (include dose and date began):

None

Unknown

X. Current substance use:

Has patient abused any substance in the last 30 days? If yes, please describe.

Yes

No

XI. Requested testing: (This section must be completed by the testing psychologist.)

Name and type of test (to avoid delay, be precise when listing test names/acronyms)

Use only approved codes listed below in Section XII

XII. CPT codes for psychological and neuropsychological testing services

CPT codes and descriptions¹ For services rendered on or after Jan. 1, 2019	Requested units
96130 - Psychological testing evaluation services by physician or other QHP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s); When performed, first hour	_____ unit (only 1 unit of 1 hour allowed)
96131 – Psychological testing evaluation services by physician or other QHP, each additional hour	_____ number of additional hours

96132 – Neuropsychological testing evaluation services by physician or other QHP, integration of patient data, interpretation of standardized test results and clinical data, clinical decision-making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	_____ unit (only 1 unit of 1 hour allowed)
96133 – Neuropsychological testing evaluation services by physician or other QHP, each additional hour	_____ number of additional hours
96136 – Psychological or neuropsychological test administration and scoring by physician or other QHP, 2 or more tests, any method, first 30 minutes	_____ unit (only 1 unit of 30 minutes allowed)
96137 – Psychological or neuropsychological test administration, 2 or more tests, any method, each additional 30 minutes	_____ unit(s) of additional units of 30 minutes each
96138 – Psychological or neuropsychological test administration and scoring by technician, 2 or more tests, any method, first 30 minutes	_____ unit (only 1 unit of 30 minutes allowed)
96139 – Psychological or neuropsychological test administration and scoring by technician, 2 or more tests, any method, each additional 30 minutes	_____ unit(s) additional of 30 minutes each
96146 – Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	_____ unit (only 1 unit allowed)
Total number of hours requested (count automated test administration as 1 hour):	_____ total hours (use .5 to indicate half an hour, e.g., 5.5)

Please note: Codes on reimbursement schedules may vary by state or plan. Nothing in this document should be construed as altering your currently contracted services. There may be codes above for which you are not contracted. The presence of these codes here does not add them to your current contract.

XIII. Technician attestation:

If technician CPT codes (96137, 96138 or 96139) are requested, the supervising psychologist must complete the following attestation.

“By checking this box, I attest to the following;

1. The services billed under the technician CPT code(s) will be delivered by an individual with the appropriate training and experience to administer these tests;
2. The services will be delivered under my direct supervision;
3. The services will be provided in the office/facility where I render psychological services;
4. My employment and supervision of the technician complies with all applicable state laws and regulation, including those governing psychologists;
5. I am responsible for the equality and accuracy of the services provided by the technician; and
6. I am responsible for the analysis and interpretation of the test results and final report.”

(Supervising psychologist)

(Date)