

Psychological/Neuropsychological Testing Authorization Request Form

Please check the appropriate service you're requesting:

Psychological Testing Neuropsychological Testing

Requested Start Date for This Authorization: _____

Member Information

Member Name: _____ Member ID: _____

Member Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Member/Guardian Phone Number: _____

Parent/Guardian Name (if member is a minor): _____

Provider Contact Information (contact person): _____

Title: _____ Phone: _____ Fax: _____

DSM-5/ICD-10 Diagnosis Codes Under Evaluation: _____

Co-morbidities (medical conditions): _____

Testing Provider and Facility Information

Physician/Clinician Name and Credentials: _____

Provider ID#/NPI: _____ Tax ID: _____

Provider Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Clinical Information

Who referred the member for testing? _____

CPT® Codes for Neuropsychological and Psychological Testing

Psychological Testing Evaluation (60 min=1 unit)

96130: _____

96131: _____

Test Administration (30min =1 unit)

96136: _____

96137: _____

96138: _____

96139: _____

Neuropsychological Testing Evaluation (60min=1 unit)

96132: _____

96133: _____

Test Administration (30min =1 unit)

96136: _____

96137: _____

96138: _____

96139: _____

Include additional information below or attach additional clinical to fax.

By submitting this request, you're confirming that you've provided all clinical information available pertinent to this request and you're requesting the decision be made based on the information provided in your submission.

Testing regarding basic intellectual, cognitive, academic, developmental, psycho-motor and visual-motor functioning is usually considered educational. Testing that's partially or primarily for educational purposes is not a covered benefit. (This disqualifier may be subject to account-specific arrangements.)

Signature of Physician/Clinician and Credentials: _____

Date Signed: _____

Please complete this form and submit it as an attachment through one of the following options. Tennessee providers may submit authorization requests at any time in Availity®. Out-of-state providers may submit authorization requests through their provider portal or Cohere®. If you have questions about submitting a prior authorization request, please call **(423) 535-5717, option 2**, or contact your eBusiness Network Manager.

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