



# Molina Healthcare of Texas, Inc.

## Psychological / Neuropsychological Testing Request (Outpatient)

Please submit this form for any testing requests for more than 8 hours of service or if the request comes after 30 other outpatient service encounters within a benefit year.

**Member:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Molina #:** \_\_\_\_\_ **Parent name (if child member):** \_\_\_\_\_

**DSM-IV Diagnosis:** \_\_\_\_\_

**Referral Source** (*identify by name and function*): \_\_\_\_\_

**Referral Question:** \_\_\_\_\_

**Relevant History:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Past Assessment & Service Summary** (*testing, school evaluation / IEP / Early Intervention, ADHD dx/tx, behavior ratings, etc.*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Court ordered Service: Yes                      No (*Court order signed by judge must be attached*)

DFPS Directed Services: Yes                      No (*DFPS directive or summary signed by employee must be attached*)

**Tests Requested** (*may substitute with attached list*):    Psychological Testing                      Neuropsychological Testing

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hours Requested** (*enter in applicable box/boxes below*): \_\_\_\_\_

Hours	CPT/Service	Hours	CPT/Service
	96101 Psychological Testing by Psychologist		96118 Neuropsychological Testing by Neuropsychologist

**Provider Name & Degree:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Supervisor Name** (*if provider is unlicensed*): \_\_\_\_\_ **License #:** \_\_\_\_\_

**TIN or SSN:** \_\_\_\_\_ **Agency or Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Fax to: 1-866-617-4967** Questions: Call the Behavioral Health Hotline @ 1-800-818-5837

**For DALLAS Service Area STAR+PLUS Behavioral Health Services, contact NorthSTAR at 888-800-6799 or northstarcustomer@valueoptions.com**