![Molina Healthcare logo]

Molina Complete Care

Request for Psychological and Neuropsychological Testing Preauthorization

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.

<u>Please fax completed form to (888) 656-7501.</u>

Please print clearly – Complete all items – Incomplete forms cannot be processed

I.

Today's Date: _____

Patient's Name: _____

Patient's DOB: _____

Patient's Unique ID or Policy #: _____

Requested Start Date of Auth: _____

Insurance Plan: _____

Policy Holder Name (if different from pt): _____

Policy Holder ID (if different from pt): _____

Policy Holder Address: _____

_____

II. Person or Agency Making the *Initial* Referral to the Testing Psychologist:

☐ Psychiatrist ☐ Other Psychologist ☐ School Staff (Specify): _____

☐ Psychotherapist ☐ Parent ☐ PCP/Medical Specialist: _____

☐ Testing Psychologist ☐ Court ☐ Other: _____

III. Testing Provider Information:

Name: _____

Name of Agency/Org: _____

_____

Service Address: _____

_____

City, State: _____ ZIP: _____

Degree: _____

Telephone #: _____ Extension: _____

Fax #: _____

Email: _____

NPI: _____ TaxID: _____

TaxID Owner Name: _____

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IV. ICD-10 Diagnosis:

Code	Current or Provisional Diagnosis		Description
_____	☐ Current	☐ Provisional	_____
_____	☐ Current	☐ Provisional	_____
_____	☐ Current	☐ Provisional	_____

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

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

_____

_____

VI. Why can't this question be answered by a diagnostic interview, a medical and/or 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)?

(Item VIII is not applicable in New Jersey.) _____

_____

IX. Medical/Psychological Evaluation and Treatment:

1. 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 (99203, 99204, 99205)?

   ☐ Yes   If yes, date of evaluation: _____
   ☐ No

2. Has patient had an evaluation by a psychiatrist?   ☐ Yes   If yes, date of evaluation: _____
   ☐ No

3. Has patient had previous psychological testing?   ☐ Yes   If yes, date: _____ Focus: _____
   ☐ No

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4. If the current testing request is ADHD-related, indicate latest results of Conners or similar ADHD rating scales:

   ☐ Testing is not ADHD-related   ☐ Rating scales were positive   ☐ Rating scales were inconclusive

   ☐ Rating scales were negative   ☐ Rating scales were not administered

5. Current psychotropic medications (include *dose* and *date began*): _____

   ☐ None ☐ Unknown

6. **Current Substance Use**: Has member abused any substance in last 30 days? ☐ Yes ☐ No

   If yes, elaborate: _____

XI. MCC CPT® Codes for Psychological and Neuropsychological Testing Services

CPT® Codes and Descriptions[1] *For services rendered on or after Jan. 1, 2019*	CPT Codes and Number of Requested Units
96112 Developmental test administration by physician or QHP, **first hour**	_____ unit *(Only one unit of one hour allowed)*
96113 Developmental test administration by physician or QHP, each additional hour	_____ # of additional hours
96116 Neurobehavioral status exam administered by a psychologist, **first hour**	_____ unit *(Only one unit of one hour allowed)*
96121 Neurobehavioral status exam administered by a psychologist, each additional hour	_____ # of additional hours
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 one unit of one hour allowed)*
+96131 Psychological testing evaluation services, by physician or other QHP, each additional hour	_____ # of additional hours
96132 Neuropsychological 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 one unit of one hour allowed)*

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CPT® Codes and Descriptions[1] *For services rendered on or after Jan. 1, 2019*	CPT Codes and Number of Requested Units
+96133 Neuropsychological testing evaluation services by physician or other QHP, each additional hour	_____ **# of additional hours**
96136 Psychological or neuropsychological test admin and scoring by physician or other QHP, two or more tests, any method, first 30 minutes	_____ **unit** *(Only <u>one</u> unit of 30 minutes allowed)*
+96137 Psychological or neuropsychological test admin and scoring by physician or other QHP, two or more tests, any method, each additional 30 minutes	_____ **unit(s)** *(# of additional units of 30 minutes each)*
96138 Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	_____ **unit** *(Only <u>one</u> unit of 30 minutes allowed)*
+96139 Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	_____ **unit(s)** *(# of additional units of 30 minutes each)*
96146 Psychological or neuropsychological test admin, with single automated, standardized instrument via electronic platform, with automated result only	_____ **unit** *(Only <u>one</u> unit allowed)*
Other:	
Other:	
Total number of hours requested (count automated test admin as one hour):	_____ **total hours** *(may include .5 to represent 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 them here does not add them to your current contract.

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_____   _____

Signature of supervising psychologist   Date