

Psychological and Neuropsychological Testing Prior Authorization Request Form



Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers are required to use the Availity Essentials® Provider Portal to submit pre-service prior authorization requests. **Faxes and phone calls for these requests will no longer be accepted by Blue Cross.** Please complete the clinical sections on this form and attach it to your request at Availity.com/essentials to ensure a timely review.

Providers outside of Minnesota or without electronic access can fax this form and complete clinical records to support the request to **(651) 662-0854** or mail to Utilization Management, P.O. Box 64265, St. Paul, MN 55164.

For review criteria related to psychological and neuropsychological testing, please see [Blue Cross and Blue Shield of Minnesota Medical/Behavioral Policy X-45](#).

Patient Information

Member ID: (include alpha prefix) _____ Date of birth: _____
Member name: _____
Member address: _____
City/state/ZIP: _____
Phone: _____

Servicing Provider Information

Contact person: _____
Phone: _____ Fax: _____
Clinic name: _____ Clinic ID number: _____
Individual provider ID/NPI number: _____
Individual provider name: _____ Degree/Lic: _____
Provider address: _____
City/state/ZIP: _____

Case Background

Have you completed a psychiatric/psychological diagnostic assessment (DA) with this patient? **Please note: In most cases, an initial diagnostic assessment must be completed before testing will be authorized.**

Yes* No

***If yes, please submit a copy of the evaluation with this form.**

Date DA completed: _____

Is the patient currently hospitalized? Yes* No
*If yes, is it medically necessary for testing to be done **prior to discharge**? Yes No
Is this patient in a pre-surgical status? Yes No
Are there currently any safety concerns regarding this patient? Yes No
If yes, what are those concerns? _____

Diagnosis

ICD-10 diagnosis alpha-numeric code(s):

Rule out ICD-10 diagnosis alpha-numeric code(s):

Relevant medical conditions:

Diagnosis continued: Psychosocial and environmental problems:

Reason for Testing

What clinical question(s) will be answered by psychological/neuropsychological testing that cannot be answered through comprehensive diagnostic interview? **Please include a description of clinical symptoms and functional impairment.** Please also include information about any testing completed previously. Attach additional pages if needed.

Request Details

Request should include time for administration, scoring, interpretation and reporting. Brief rating scales, screening tools and questionnaires are considered incidental to the professional visit and should not be billed for separately.

If technician procedure codes are requested, the following must be completed by the supervising provider. Please note: CPT codes 96130, 96131, 96132, 96133, 96136 and 96137 cannot be used for technicians.

Indicate proposed testing instruments below	Procedure Code and Units Requested	
	Code	Units
	96116	
	96121	
	96130	
	96131	
	96132	
	96133	
	96136	
	96137	
	96138	
	96139	
	96146	

Date range for authorization request: _____ through _____

Total units requested: _____

Total hours requested: _____

I hereby attest that this information is true, accurate and complete to the best of my knowledge.

Signature: _____ **Date:** _____

If technician procedure codes are requested, the following must be completed by the supervising provider.

I attest to the following:

- 1) The services billed under the technician CPT code(s) will be delivered by an individual who has the appropriate training and experience to administer these tests
- 2) The services will be delivered under my direct personal supervision
- 3) The services will be provided in the office/facility where I render services
- 4) My employment and supervision of the technician comply with all applicable state laws and regulations including those governing independently licensed mental health professionals

Signature: _____ **Date:** _____