

Psychological/Neuropsychological Testing Request Form

(Form should be used for members of all ages)

Please fax the completed request form to the Utilization Management Department (UMD) at 402-343-3444.

For questions regarding this authorization, please call the UMD at 402-390-1870 or 800-247-1103.

A.

Patient Name

Date of Birth

Subscriber Name

Blue Cross and Blue Shield of Nebraska ID #

B.

Practitioner Name

Credentials/Billing Provider NPI Number

Provider Mailing Address

Provider Telephone Number

Provider City, State, ZIP

Provider Fax Number

If provisionally licensed, name of supervising provider:

C. (i.) Who initiated the referral?

If physician, list specialty:

(ii.) Has a comprehensive initial evaluation of the patient been completed? ☐ Yes ☐ No

If yes, please attach evaluation.

If rating scales have been completed, please attach.

(iii.) What referral question(s) need to be answered that cannot be answered by a diagnostic interview, medical/neurological consult or review of medical records?

(iv.) Has the patient been evaluated by a psychiatrist? ☐ Yes ☐ No

If yes, list date(s):

Current medications:

D. Current DSM Edition or ICD Diagnosis (ICD-10 Codes):

E. Patient History

Please provide a summary of patient's psychiatric and medical history with dates, prior testing and dates, description of symptoms and functional impairment, family psychiatric and medical history:

Does patient live alone? ☐ Yes ☐ No With family? ☐ Yes ☐ No

Has any family member ever been interviewed? ☐ Yes ☐ No

If not, why?

Please attach documentation if necessary to answer the above. Thank you.

F. Describe how proposed testing will enhance treatment and impact future behavioral treatment.

Is patient currently in treatment: ☐ Yes ☐ No If yes, specify modality (e.g., individual, family, group):

G. Are there reasons, other than psychological explanations, for current behavior/symptoms? (thyroid dysfunction, closed head injury, medications, poisoning, etc.)

H. Please list total testing hours requested. Please note: Four hours or less per calendar year, does not need reviewed.

CPT codes included: 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139

Hours Required:

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Provider Signature: _____

Date: _____