PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING AUTHORIZATION REQUEST FORM

Our state and federal regulations allow up to 10 calendar days for us to review your request. Although it does not typically take this long, please plan ahead and request far enough in advance to accommodate this time frame.

For all Region 4 and Denver Health Medicaid Choice members, please note that we can only reimburse for services related to a covered behavioral health primary diagnosis per the State of Colorado. This explicitly excludes the following diagnoses as the primary focus of treatment/assessment: autism spectrum disorders, developmental disabilities, and traumatic brain injuries.

If your request is related to one or more of those excluded diagnoses for a Region 4 member, you may bill the Department of Health Care Policy and Financing (HCPF) through the physical health fee-for-service benefit. For Denver Health Medicaid Choice members with one or more of those excluded diagnoses, you may bill Denver Health Medicaid Choice.

For Child Health Plan *Plus* (CHP+) members, there is no exclusion by diagnosis.

Once complete, **fax this form to 720-744-5130**.

Date of request: Anticipated start and end date of testing: to

Member name: Member date of birth:

State/Medicaid number:

Provider name: Provider phone:

Provider email: Provider fax:

Agency/provider to complete testing:

National Provider Identifier (NPI) of testing psychologist: Agency/testing provider fax:

Please submit the following documentation with your request form:

- Most recent psychiatric evaluation
- Most recent psychosocial evaluation
- Most recent medical/neurological evaluation (as applicable)
- Any previous psychological testing that has been completed
- List of medications that have been tried (including dosage, length of use, and effectiveness of each trial)

Please complete the following sections/questions completely and thoroughly. Any missing information will delay your request. You may also submit your responses on a separate sheet.

Please list the specific names of the psychological tests/tools that will be administered, in order of priority, and the approximate amount of time expected for administration:

Test/tool name	Approximate amount of time needed for administration (in hours)

PSYCHOLOGICAL TESTING AUTHORIZATION REQUEST FORM (CONTINUED)

Services rendered by physician or qualified health care professional		Services codes (check all that apply)	Units requested
Psychological testing	**Psychological testing evaluation services:** Includes 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, or caregivers	☐ 96130 (first hour, only one unit allowed)	
		☐ 96131 (one unit for each additional hour)	
	Test administration and scoring: Two or more tests, any method	☐ 96136 (first 30 minutes, only one unit allowed)	
		☐ 96137 (one unit for each additional 30 minutes)	
Neuropsychological testing	**Neuropsychological testing evaluation services:** Includes 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, or caregivers	☐ 96132 (first hour, only one unit allowed)	
		☐ 96133 (one unit for each additional hour)	
	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgement including acquired knowledge, attention, language, memory, planning, and problem solving, and visual spatial abilities): Both face-to-face time with the patient and time interpreting test results and preparing	☐ 96116 (first hour, only one unit allowed)	
		☐ 96121 (one unit for each additional hour)	
Services rendered by non-physician		**Services codes (check all that apply)**	**Units requested**
Test administration (For either psychological or neuropsychological testing)	**Test administration and scoring:** Two or more tests, any method	☐ 96138 (first 30 minutes, only one unit allowed)	
		☐ 96139 (one unit for each additional 30 minutes)	
Automated tests and results (for either psychological or neuropsychological testing)	**Test administration:** With a single automated instrument via electronic platform with automated results only	☐ 96146 (one unit per test administered)	

PSYCHOLOGICAL TESTING AUTHORIZATION REQUEST FORM (CONTINUED)

1. Describe the symptoms the patient is exhibiting and explain why you are requesting psychological testing:

2. What is the differential diagnosis?

3. What is it about this case that makes it difficult to make a diagnosis based on the clinical presentation?

4. What questions would you like answered by the psychological testing?

PSYCHOLOGICAL TESTING AUTHORIZATION REQUEST FORM (CONTINUED)

5. List other evaluations that have been obtained, including their findings, such as a psychiatric or comprehensive clinical assessment, primary care assessment, or neurological assessment. If none have been completed, what makes testing necessary prior to these other evaluations?

6. What medications have been tried (include the dosage, length of use, and how effective each trial was):

Medication	Dosage	Period of use	Effectiveness

7. How will the results of the psychological testing change your therapeutic approach?

Please attach a copy of your clinical assessment and results of previous testing.