Psychological/neuropsychological testing authorization request form

Rocky Mountain Health Plan

Our state and federal regulations allow up to 7 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 regional accountable entity (RAE) members, please note that we can only reimburse 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 1 or more of those excluded diagnoses for a RAE member, you may bill the Department of Health Care Policy and Financing (HCPF) through the physical health fee-for-service benefit.

For PRIME, Child Health Plan Plus (CHP+), IFP, D-SNP and Medicare members, there is no exclusion by diagnosis. Once complete, email this form with supporting clinical to **rmhpbhvm@uhc.com** or fax to 888-240-2689.

Member information	
Date of request:	Anticipated start and end date of testing: to:
Member name:	Member date of birth:
Medicaid ID number:	UM contact name:
UM contact phone:	UM contact email:
Provider fax:	Agency and provider to complete testing:
National Provider Identifier (NPI) number 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.

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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)

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 1 unit allowed)	
		96131 (1 unit for each additional hour)	
	Test administration and scoring: Two or more tests, any method	96136 (first 30 minutes, only 1 unit allowed)	
		96137(1 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 1 unit allowed)	
		96133 (1 unit for each additional hour)	
	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment including acquired knowledge, attention, language, memory, planning, 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 1 unit allowed)	
		96121 (1 unit for each additional hour)	

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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 1 unit allowed)	
		96139 (1 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 (1 unit per test administered)	

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?**

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.**