

**PSYCHOLOGICAL and NEURO-PSYCHOLOGICAL TESTING REQUEST FORM**

**\*\*Out of Network (OON) Providers: A detailed rationale for utilizing an OON Provider including why an INN Provider is unable to meet the member's treatment needs must be included with your request.**

**Note: Psychological/Neuropsychological Testing Results must be mailed or faxed to 1-888-987-5828 upon completion in order to submit for claims payment.**

Prior Authorization is Required

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**Member Information**

Member Name: \_\_\_\_\_ MAID: \_\_\_\_\_ DOB: \_\_\_\_\_

Referral Source: \_\_\_\_\_

**Provider Information**

Evaluator Name: \_\_\_\_\_  MD  PhD  Other \_\_\_\_\_

Provider Name for Authorization: \_\_\_\_\_

Provider Service Address: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_ NPI # for Authorization: \_\_\_\_\_

**REL/SOGI (Complete each section and indicate if Member preferred not to answer).**

Member's Race: \_\_\_\_\_ Member's Ethnicity: \_\_\_\_\_

Member's Sexual Orientation: \_\_\_\_\_ Member's Gender Identity: \_\_\_\_\_

Member's Assigned Sex at Birth: \_\_\_\_\_ Member's Pronouns: \_\_\_\_\_

Member's Alternative Name (if applicable): \_\_\_\_\_

Member's Primary Language:

Written: \_\_\_\_\_ Spoken: \_\_\_\_\_

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917

Providers: 1-888-700-7370 Fax: 1-888-987-5828

Mailing Address: 8040 Carlson Road, Harrisburg, PA 17112

**Referral Reason/Question**

**State how the anticipated testing results will affect the Member's treatment plan**

Current DSM Diagnoses: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Danger to Self or Others?  Yes  No

If yes, explain:

MSE within Normal Limits?  Yes  No

If no, explain:

**Current Symptoms prompting current testing request (Check all that apply)**

- |                                                                                         |                                                             |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Anxiety                                                        | <input type="checkbox"/> Self-injurious Behavior            |
| <input type="checkbox"/> Depression                                                     | <input type="checkbox"/> Eating Disorder Symptoms           |
| <input type="checkbox"/> Inattention                                                    | <input type="checkbox"/> Withdrawal/Poor Social Interaction |
| <input type="checkbox"/> Hypo-Activity                                                  | <input type="checkbox"/> Mood Instability                   |
| <input type="checkbox"/> Hyperactivity                                                  | <input type="checkbox"/> Changes in Memory Capacity         |
| <input type="checkbox"/> Psychosis/Hallucinations                                       | <input type="checkbox"/> Changes in Cognitive Capacity      |
| <input type="checkbox"/> Atypical Behavior                                              | <input type="checkbox"/> Unprovoked Agitation/Aggression    |
| <input type="checkbox"/> Behavior Problems impacting life functions (i.e. school, home) |                                                             |
| <input type="checkbox"/> Poor Academic Performance                                      | <input type="checkbox"/> Other _____                        |

Comments:

Was a Behavioral Health Evaluation Completed (i.e. 90791)?  Yes  No

If yes, date completed/test results

Was Previous Psychological or Neuropsychological Testing Completed (i.e. 90791)?  Yes  No

If yes, date completed/Basic focus & test results

**History**

Date of Member's last physical examination: \_\_\_\_\_

If ADHD is a diagnostic rule-out, indicate results of standardized ADHD rating scales, if available:

Positive  Negative  Inconclusive  N/A

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Comments/Explain:

**Psychological Testing Codes Requested:**

Code	Description	Units Requested	Start Date
96130	First Hour		
96131	Each additional hour		
96136	Professional Scoring, first 30 minutes		
96137	Professional Scoring, each additional 30 minutes		
96138	Technician Scoring, first 30 minutes		
96139	Technician Scoring, each additional 30 minutes		
	Test Review with Member (1 hour maximum)		
	Total Number of Units Requested		

Please note that the total approved and authorized Psychological Testing units will be issued by PerformCare under the primary CPT code of 96130. Providers should bill according to the above guidelines using the appropriate combination of 96130, 96131, 96136, 96137, 96138, 96139.

**NOTE: 96130 & 96132 will not be authorized concurrently. The Provider should choose the code that best matches testing request. PerformCare will authorize either 96130 or 96132 if both are indicated**

**Neuropsychological Testing Codes Requested:**

Code	Description	Units Requested	Start Date
96132	First Hour		
96133	Each additional hour		
96136	Professional Scoring, first 30 minutes		
96137	Professional Scoring, each additional 30 minutes		
96138	Technician Scoring, first 30 minutes		
96139	Technician Scoring, each additional 30 minutes		
	Test Review with Member (1 hour maximum)		
	Total Number of Units Requested		

Please note that the total approved and authorized Neuropsychological Testing units will be issued by PerformCare under the primary CPT code of 96132. Providers should bill according to the above guidelines using the appropriate combination of 96132, 96133, 96136, 96137, 96138, 96139.

**Tests planned to answer the clinical question:**

Test	Reason for Use	Educational Yes or No	Units Requested

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*\*\*Testing will not be authorized under any of the following conditions: Testing is primarily for educational, vocational, or legal purposes; tests requested are experimental or have no documented validity; the time requested to administer the testing exceeds established time parameters; testing is routine for entrance into a treatment program. \*\**

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*PerformCare will only generate the authorization for Psychological and Neuropsychological Testing once the provider mails or faxes the testing results/evaluations to:**

PerformCare  
8040 Carlson Road  
Harrisburg, PA 17112  
Fax: 1-888-987-5828

**For the full process please refer to [CM-012 Authorization of Psychological and Neuropsychological Testing](#).**