

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 ID:	Member name:		Member date of birth:		
Requesting provider:					
Provider name:		Provider phone:		Provider fax:	
Provider email:			National Provider Identifier (NPI) number:		
Facility/office where service is to take place:					
Contact for Determination Notification:				Phone:	Fax:
Differential diagnoses:		Requesting testing for autism spectrum disorder: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does member have other insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list other insurance information			

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 EXAMPLES OF TYPES OF PSYCHOLOGICAL TESTS (This list is not exhaustive): Minnesota Multiphasic Personality Inventory (MMPI-3) Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI). Wechsler Adult Intelligence Scale (WAIS-IV), Wechsler Intelligence Scale for Children (WISC-V). The Vineland Adaptive Behavior Scales (Vineland)	Psychological testing evaluation services: By physician or other qualified health care professional, including 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 member(s) or caregiver(s), when performed	<input type="checkbox"/> 96130 (first hour, only one unit allowed)	
		<input type="checkbox"/> 96131 (one unit for each additional hour)	
Neuropsychological testing EXAMPLES OF TYPES OF NEUROPSYCHOLOGICAL TESTS (This list is not exhaustive) California Verbal Learning Test (CVLT / CVLT-II) Rey Auditory Verbal Learning Test (RAVLT) Hopkins Verbal Learning Test – Revised (HVLTR) Wechsler Memory Scale (WMS) Brief Visuospatial Memory Test – Revised (BVMTR)	Neuropsychological testing evaluation services: By physician or other qualified health care professional, including 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 member(s) or caregiver(s), when performed	<input type="checkbox"/> 96132 (first hour, only one unit allowed)	
		<input type="checkbox"/> 96133 (one unit for each additional hour)	
Developmental and Behavioral Testing: EXAMPLES OF TYPES OF DEVELOPMENTAL AND BEHAVIORAL TESTS (This list is not exhaustive) Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2) Autism Diagnostic Interview–Revised (ADIR) Childhood Autism Rating Scale (CARS)	Developmental and behavioral testing: Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report	<input type="checkbox"/> 96112 (first hour, only one unit allowed)	
		<input type="checkbox"/> 96113 (one unit for each additional 30 minutes)	

PSYCHOLOGICAL TESTING AUTHORIZATION REQUEST FORM (CONTINUED)

Test administration and scoring by a psychologist or neuropsychologist		Services codes (check all that apply)	requested
Test administration Test administration by physician or other qualified health care professional	Test administration and scoring: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method	<input type="checkbox"/> 96136 (first 30 minutes, only one unit allowed)	
		<input type="checkbox"/> 96137 (one unit for each additional 30 minutes)	
Test administration Test administration by nonphysician "i.e. technician"	Test administration and scoring: Psychological or neuropsychological test administration and scoring by non-physician or other qualified health care professional, two or more tests, any method	<input type="checkbox"/> 96138 (first 30 minutes, only one unit allowed)	
		<input type="checkbox"/> 96139 (one unit for each additional 30 minutes)	

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

2. What is the differential diagnosis(es)?

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

PSYCHOLOGICAL TESTING AUTHORIZATION REQUEST FORM (CONTINUED)

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.