



REQUEST FOR PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING

General Instructions:

- All Member information (Member's Name, Date of Birth, Insurance ID Number, Member's Phone Number) must be completed, or the form will be returned.
- For primary medical diagnosis, testing should be authorized and billed through the Health Plan.
- Type or print neatly in the designated fields.
- Complete all fields.
- Write the numerical diagnosis code(s) from the DSM-5 or ICD-10.
- Enter the total number of testing hours or units requested next to the appropriate CPT code(s) listed on the form.

Authorization is not required for:

- BCBS Alabama (Except for Lowe's, General Mills, and Land O' Lakes plans)
- BCBS Arkansas
- BCBS Kansas
- BCBS Kansas City (Except for JAA)
- BCBS Louisiana (Except for OGB/OGS, East Baton Rouge School Systems, Baton Rouge Orthopedic Clinic, Caddo Parrish School Board, and Ochsner plans)
- Walmart

Return via fax to the appropriate fax number:

- 816-237-2364
 - BCBS Alabama - Lowe's, General Mills, and Land O' Lakes plans
 - BCBS Florida (Florida Blue)
 - BCBS Kansas City (Blue KC) - JAA
 - BCBS Louisiana - OGB/OGS, East Baton Rouge School Systems, Baton Rouge Orthopedic Clinic, Caddo Parrish School Board, and Ochsner plans
 - Imperial
 - Medicare - Except BCBS Alabama, BCBS Arkansas, BCBS Kansas
 - SCAN

For Lucet Employees Only: If your client is covered as an employee of Lucet or a spouse or dependent of a Lucet employee, please return by fax to our Internal Behavior Health Benefit Review team.

- Lucet Employee: 816-416-7788

For verification of benefits, eligibility, authorization requirements, and allowable codes, please call the customer service number listed on the member's insurance ID card.



Request for Psychological/Neuropsychological Testing

Please type or print legibly - Attach additional pages if necessary

Before submitting your request, please refer to the cover page to determine if an authorization is required.

Date of Request:		Insurance Policy #:	
Member's Name:		Date of Birth:	
Member's Phone #:			
Provider's Name:		Provider's Credentials:	
Tax ID #:		NPI #:	
Provider Service Address:			
Provider Phone #:		Provider Fax #:	
Person Completing Form:		Contact #:	
Testing Start Date:		Testing End Date:	
Current ICD-10 Behavioral Health Diagnosis Code: <i>(This should be an F code; Please note the diagnosis code submitted with the claim will determine which benefit rule will apply when the claim is submitted.)</i>			
Current Medical Diagnoses: <i>(Please note the diagnosis code submitted with the claim will determine which benefit rule will apply when the claim is submitted.)</i>			
Current Psychotropic Medications:			
Please explain the therapeutic rationale that the testing will provide: <i>(justification for testing; what will the benefit of the testing be; how will findings benefit the treatment plan, etc.)</i>			
Please list testing instruments that will be administered:			
Psychological Testing - Check one or more of the following indications, where there is a need to:			
<input type="checkbox"/>	Assess the presence, severity, or functional impairment of a psychological disorder in order to determine psychiatric diagnosis. This includes differentiation among different medical/psychological disorders that present with similar constellations of symptoms (e.g., determine whether anxiety is contributing to the dyspnea experienced by a patient with asthma).		
<input type="checkbox"/>	Assess mental or behavioral factors impacting disease management. Some common, but not exclusive, examples are: (a) pre-surgical evaluation to identify psychological factors that may potentially affect or complicate the outcome of surgical procedures or aftercare (e.g., spinal surgery, bariatric surgery); (b) assessment of psychological factors impacting physical disease management and ability to comply with and benefit from medical interventions; and (c) assessment of psychological factors in patients experiencing chronic pain		
<input type="checkbox"/>	Assess specific psychological bases underlying functional complaints or disability.		
<input type="checkbox"/>	Assess psychological barriers and strengths to aid in treatment planning. This includes, but is not limited to, treatment selection, treatment prognosis and outcomes, and identifying potential reasons for poor treatment response.		
<input type="checkbox"/>	Assess risk factors needed to determine patients' risk of harm to self or others.		
<input type="checkbox"/>	Perform symptom assessment as part of treatment selection or evaluation of treatment effectiveness.		
<input type="checkbox"/>	Corroborate or refute impressions obtained from non-standardized interactions with patients, particularly when malingering or denial of psychological difficulty is suspected.		
<input type="checkbox"/>	Assess attention and concentration difficulties and other cognitive deficits that are the sequelae of many medical conditions and/or impede functional adjustment.		



<input type="checkbox"/>	Measure cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to cognitive, social, emotional, or physical demands.
Neuropsychological Testing - Check one or more of the following indications, where initial assessment or assessment over time is needed to:	
<input type="checkbox"/>	Assess cognitive or behavioral deficits related to known or suspected CNS impairment, trauma, or neuropsychiatric disorders, including when the information will be useful in determining a diagnosis, prognosis, or informing treatment planning.
<input type="checkbox"/>	Establish a treatment plan by measuring functional abilities/impairments in individuals with known or suspected CNS and neuropsychiatric disorders.
<input type="checkbox"/>	Determine the potential impact of substances that may cause cognitive impairment (e.g., radiation, chemotherapy, prescribed or illicit drugs, toxins) or result in measurable improvement in cognitive function, including when this information is utilized to determine treatment planning.
<input type="checkbox"/>	Conduct pre-surgical or treatment-related measurement of cognitive function to determine whether one might safely proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery, stem cell or organ transplant) or significantly alter a patient's functional status.
<input type="checkbox"/>	Determine whether a medical condition impairs a patient's ability to comprehend and participate effectively in treatment regimens (e.g., surgical procedures, determining functional capacity for health care decision-making) or will permit the individual to function consistent with pre-injury or pre-illness levels.
<input type="checkbox"/>	Design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients.
<input type="checkbox"/>	Measure cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to cognitive, social, emotional, or physical demands.
<input type="checkbox"/>	Evaluate primary symptoms of impaired attention and concentration that can occur in many medical and psychiatric conditions.

Please indicate # units requested per code being requested (*keep in mind for some codes 1 unit = 1 hour; for others 1 unit = 30 min*)

96116	96121 <small>(add on code)</small>	96130	96131 <small>(add on code)</small>	96132	96133 <small>(add on code)</small>	96136	96137 <small>(add on code)</small>	96138	96139 <small>(add on code)</small>	96146	Other

☐ **PLEASE CHECK THIS BOX TO ATTEST TO THE FACT THAT ALL OF THE INFORMATION PROVIDED IS ACCURATE AND REFLECTED IN THE PATIENT'S MEDICAL RECORD.**