



**NC Medicaid  
Psychological/Neurological  
Testing Request Form**

Mail to: ValueOptions, Inc  
P.O. Box 13907  
RTP, NC 27709  
Phone: 1-888-510-1150  
Fax: 919-941-0433

This form may be downloaded from: [www.valueoptions.com](http://www.valueoptions.com)

A.

<hr/> <p style="text-align: center;">Recipient Name</p>	<hr/> <p style="text-align: center;">Date of Birth</p>
<hr/> <p style="text-align: center;">Medicaid ID #</p>	<hr/> <p style="text-align: center;">County of Eligibility</p>

B.

<hr/> <p style="text-align: center;">Name of Psychologist</p>	<hr/> <p style="text-align: center;">Degree/State License and Number</p>
<hr/> <p style="text-align: center;">Address</p>	<hr/> <p style="text-align: center;">Telephone Number</p>
<hr/> <p style="text-align: center;">City/State/Zip</p>	<hr/> <p style="text-align: center;">Medicaid Provider #</p>

C.

i. Referring Provider/Medicaid Provider # \_\_\_\_\_

ii. Current symptoms and duration of symptoms: \_\_\_\_\_  
\_\_\_\_\_

iii. What are the referral questions and why is testing being requested at this time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.

Current possible DSM-IV diagnosis under evaluation:

Axis I : \_\_\_\_\_

Axis II: \_\_\_\_\_ ICD 9 if applicable \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_  
(current/highest in 12 months)

E.

History of patient (Summary of psychosocial and medical information [ with examination dates ] and past treatment; include any past psychological testing, date and results, medical psychiatric and neurological exam)  
Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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F. Describe how proposed testing will enhance treatment and impact future psychological treatment.

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G. Are there other than psychological explanations for current behavior/symptoms?  
(i.e. thyroid dysfunction, closed head injury, medications, poisoning, etc)  
Yes/No Explain:

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H. List test (s) planned and time required. (Note: time required for each test should include administration, scoring and interpretation and brief write-up. ValueOptions does not reimburse for lengthy reports; see Provider Manual for "Sample Psychological Testing Evaluations Form")

<u>Specific Test (s) Planned</u>	<u>Hours Required</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
Total Time Required	<hr/>

1. Testing that is primarily for educational purposes is not a covered benefit.
2. Extended testing for ADHD is not authorized prior to a thorough evaluation with rating scales (Provider should usually seek approval for a 90801 and a 90806 for rating scale review and feedback before requesting further ADHD testing provider clear explanation in Section C above why initial evaluation was insufficient to answer the ADHD referral questions.)

\_\_\_\_\_  
Signature of Psychologist

\_\_\_\_\_  
Date