Psychological/Neuropsychological Evaluation Request Form

(Use for all ages)

For most efficient and timely service – use of authorization request flow on ProviderConnect® is the preferred method of submitting requests. Faxed or mailed forms should only be submitted to the specific fax or address. Please confirm for a specific contract that forms are allowed. Some contracts allow only telephonic review if web service is not utilized. Some contracts require that requests only be submitted via the web. Some contracts do not require authorization for medication management services.

A.

Patient Name	Date of Birth
Employee's/Subscriber's Name	Employer or insurance Plan
Employee SSN	Patient's Relationship to Employee/Subscriber

B.

Name of Psychologist
☐ Network ☐ Non-Network

Degree/State License and Number

Are you independently licensed? Yes ☐ No ☐

Address

City/State/Zip

Telephone Number

Tax I.D. Number

C. (i.) Who initiated referral? (If MD, what is MD's specialty?) ______________________

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(ii.) Current Symptoms and duration of symptoms: ______________________

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

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(iv.) Has patient been evaluated by a psychiatrist? _____ yes _____no If yes, when? _________ Current medications:______

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D. Current possible DSM diagnosis under evaluation:
Behavioral Diagnosis (ICD Code & Description): _______/______________________/______________
Medical Diagnosis: 1.______________________ 2.______________________
Social Elements Impacting Diagnosis: 1.______________________ 2.______________________
Optional Functional Assessment: Assessment: ______________________ Score: ______________________

Revised 12/08/05, 12/14/06, 12/13/07, 11/30/10, 11/21/11, 04/22/14, 6/16/14, 9/25/14, 12/15/15
Reviewed 11/13/08, 11/18/09, 11/30/10, 11/21/11, 11/19/12, 11/18/13, 6/16/14, 9/25/14

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*):

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F. Describe how proposed testing will enhance treatment and impact future behavioral treatment:
Is patient currently in treatment? ____yes ____no If yes, specify modality e.g. (individual, group, family) _________

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G. Are there other explanations of current behaviors/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 Evaluation Form")*

Specific Test(s) Planned	**Hours requested**
Total Time Required:	

Note: See ValueOptions® Provider Manual for complete testing guidelines/criteria. Following are two guidelines that have frequent relevance:

1. Testing regarding basic intellectual, cognitive, academic, developmental, psycho-motor and visual-motor functioning is usually considered educational. Testing that is partially or primarily for educational purposes is not a covered benefit. (This disqualifier may be subject to account specific arrangements.)
2. The expectation is that the diagnosis of ADHD can in most instances be made on the basis of DSM-5 criteria alone and such diagnosis does not necessarily require psychological testing. Extended testing for ADHD is not authorized prior to a thorough evaluation with rating scales. (Providers should usually first seek approval for a -90791 and a 90834 for rating scale review and feedback before requesting further ADHD testing. A 96101 session for standardized attention measures may also be appropriate. Provide clear explanation in Section C above why initial evaluation was insufficient to answer the ADHD referral questions.)

______________________ ______________________ ______________________

Proposed Start Date Signature of Psychologist Date

Revised 12/08/05, 12/14/06, 12/13/07, 11/30/10, 11/21/11, 04/22/14, 6/16/14, 9/25/14, 12/15/15
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