



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

This form may be downloaded from www.valueoptions.com

Mail to: ValueOptions, Inc
P.O. Box 13907
RTP, NC 27709-3909
Phone: 1-888-510-1150
Fax: 919-461-0599

A.

_____	_____
Recipient Name	Date of Birth
_____	_____
Medicaid ID #	County of Eligibility

B.

_____	_____
Name of Psychologist	Degree/State License and Number
_____	_____
Address	Telephone Number
_____	_____
City/State/Zip	Medicaid Provider #

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: _____	ICD 9, if applicable: _____
Axis II: _____	
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.
[Blank lines for text entry]

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

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")
Table with columns: Specific Test(s) Planned, Hours Required
[Blank rows for table entry]
Total Time Required

- 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 providing clear explanation in Section C above why initial evaluation was insufficient to answer the ADHD referral questions.)

Signature of Psychologist

Date