AMERIGROUP Community Care - Behavioral Health Services
Telephone: 1-800-454-3730 Fax: 1-800-505-1193

REQUEST FOR AUTHORIZATION – NEUROPSYCHOLOGICAL TESTING

General Information

Member Name:	Date of Birth Age:	Member's AMERIGROUP ID:

Name of Psychologist: Address:	AMERIGROUP Provider #: Provider NPI#:	Phone:	Fax:
Referral Source:	Specialty:	Address:	Phone:

Neuropsychological testing requires a referral by a board certified psychiatrist, neurologist or developmental pediatrician and may be medically necessary for assessment of neurocognitive functioning following traumatic brain injury, stroke or neurosurgery. It also may be useful for monitoring the progression of cognitive impairment secondary to neurological disorders, to assist in the development of rehabilitation strategies for persons with neurological disorders, and to aid in differential diagnosis between psychogenic and neurogenic syndromes. Formal psychological or neuropsychological testing beyond structured interviews and direct, structured behavioral observation is rarely considered medically necessary for the diagnosis of attention-deficit/hyperactivity disorder or pervasive developmental disorders. Neither is it considered to be medically necessary for diagnosing learning disorders in the absence of verified brain injury.

Clinical Information

Check any that apply:

☐ Traumatic brain injury, date:	☐ Encephalitis, date:	☐ Epilepsy and cognitive impairment suspected or documented, date:	☐ Multiple sclerosis and suspected/demonstrated cognitive impairment
☐ Anoxic/hypoxic brain injury, date:	☐ CVA, date:	☐ Psychosis	☐ Major affective disorder
☐ History of intracranial surgery, date:	☐ Brain tumor in remission with slow progression	☐ Neurosurgery planned for epilepsy control, date:	☐ Head injury with loss of consciousness, date:
☐ Confirmed neurotoxin exposure, date:	☐ Dementia suspected		

Duration of symptoms: ☐ 0-3 Months ☐ 3-6 Months ☐ 6-12 Months ☐ Over 12 Months

Other pertinent history or clinical information relevant to request for neuropsychological testing authorization:

_____
_____
_____

Current possible DSM-IV TR diagnosis under evaluation:

Axis I: _____ Axis IV: _____
Axis II: _____ Axis V: _____
Axis III: _____ (current/highest in 12 months)

 AMERIGROUP ID#_____

Has this patient had previous psychological/neuropsychological testing? ☐ Yes ☐ No
If yes, date of testing ____ /____/_____. What were the results and reasons for retesting?

_____
_____

Is patient taking medications? Yes ☐ No ☐. If Yes, please list:

_____
_____

Have drug effects been ruled out as a cause of cognitive impairment? Yes ☐ No ☐

Substance abuse history to date:

_____
_____

Clinical Assessment

Indicate which of the following assessments have been completed:

☐ Clinical interview with patient, date:	☐ Psychiatric evaluation, date:	☐ Structured developmental & psychosocial history, date:	☐ EEG, date:
☐ Neurological exam, date:	☐ Interview with family member(s), date:	☐ Consultation with school or other important persons, date:	☐ Medical evaluation, date:
☐ Consultation with PCP, date:	☐ Brief inventories and/or rating scales	☐ Neuro-imaging (CT, MRI, PET, etc), date:	

What are the specific questions to be answered by neuropsychological testing that cannot be determined from the above services? How will the test results impact this patient's treatment?

_____
_____
_____

Possible tests requested:

☐ Wechsler intelligence scale	☐ Luria-Nebraska
☐ MMPI	☐ Bender Gestalt
☐ WRAT-4	☐ Wechsler Memory Scale
☐ Halstead-Reitan Neuropsychological Battery	☐ Reitan-Indiana Neuropsychological Test Battery

Other (List):

Total time requested in hours: _____

_____ _____

Provider Signature/Credentials **Date submitted**

AMERIGROUP USE ONLY

Date received: _____	Auth from: _____		Auth to: _____
Reference #:	96101 _____ hrs	96116 _____ hrs	Other:
	96102 _____ hrs	96118 _____ hrs	
_____	96103 _____ hrs	96119 _____ hrs	_____
		96120 _____ hrs	

Authorization for routine outpatient care (90801, 90806, 90846, 90847) is not required for network providers treating eligible AMERIGROUP members.

NOTE: We are unable to process illegible or incomplete requests