

Complete this form and FAX to 866-667-7744

The testing provider must complete Section XI, *Requested Testing* and, if applicable, Section XIII, *Technician Attestation*. Either the referring provider or the testing provider may complete other sections of the form. Please provide all requested information, subject to applicable law. In most cases, an initial assessment by a behavioral healthcare provider must be administered before psychological testing will be authorized.

Authorization for psychological testing will not be considered until all sections of this form are completed. To avoid potential issues with reimbursement, psychological testing should not be initiated until an authorization has been received.

Out-of-network provider: Send this completed form to **Magellan Healthcare** at the address or fax number located on authorization correspondence received for this member, or obtain the proper address/fax number by calling the phone number on the member's benefit card.

Please print clearly – Complete all items – Incomplete forms cannot be processed

I.
 Today's Date: _____ Insurance Plan: _____
 Patient's Name: _____ Policy Holder Name (if different from pt): _____
 Patient's DOB: _____ Policy Holder ID (if different from pt): _____
 Patient's Unique ID or Policy #: _____ Policy Holder Address: _____
 Requested Start Date of Auth: _____

II. Person or Agency Making the Initial Referral to the Testing Psychologist:

Psychiatrist Other Psychologist School Staff (Specify): _____
 Psychotherapist Parent PCP/Medical Specialist: _____
 Testing Psychologist Court Other: _____

III. Testing Provider Information:

Name: _____ Degree: _____
 Name of Agency/Org: _____ Telephone #: _____ Extension: _____
 _____ Fax #: _____
 Service Address: _____ Email: _____
 _____ NPI: _____ TaxID: _____
 City, State: _____ ZIP: _____ TaxID Owner Name: _____

IV. ICD-10 Diagnosis:

Code	Current or Provisional Diagnosis	Description
_____	<input type="checkbox"/> Current <input type="checkbox"/> Provisional	_____
_____	<input type="checkbox"/> Current <input type="checkbox"/> Provisional	_____
_____	<input type="checkbox"/> Current <input type="checkbox"/> Provisional	_____

(For the following questions, attach additional sheet if needed.)

V. What is the clinical question that needs to be answered by testing? _____

Request for Psychological Testing Preauthorization

VI. Why can't this question be answered by a diagnostic interview, a medical and/or neurological consult, review of psychological/psychiatric records, or second opinion? _____

VII. What are the current symptoms and/or functional impairments related to testing question?

VIII. How would the results of testing affect the treatment plan (be specific)?

(Item VIII is not applicable in New Jersey.) _____

IX. Medical/Psychological Evaluation and Treatment:

1. Has the testing psychologist or other behavioral health professional completed an initial diagnostic evaluation [90791 (no med svcs) or 90792 (w/med svcs)] OR initial office visit with E/M services (99203, 99204, 99205)?

- Yes If yes, date of evaluation: _____
 No

2. Has patient had an evaluation by a psychiatrist? Yes If yes, date of evaluation: _____
 No

3. Has patient had previous psychological testing? Yes If yes, date: _____ Focus: _____
 No

4. If the current testing request is ADHD-related, indicate latest results of Conners or similar ADHD rating scales:

- Testing is not ADHD-related Rating scales were positive Rating scales were inconclusive
 Rating scales were negative Rating scales were not administered

5. Current psychotropic medications (include *dose* and *date began*): _____

- None Unknown

X. Current Substance Use: Has member abused any substance in last 30 days? Yes No

If yes, elaborate: _____

XI. Requested Testing: (This section must be completed by the testing psychologist.)

Names and Type(s) of Tests:

(To avoid confusion or processing delays, please print clearly and **be precise** when listing test names/acronyms.)

USE ONLY APPROVED CODES BELOW IN SECTION XII.

Request for Psychological Testing Preauthorization

XII. Magellan CPT® Codes for Psychological and Neuropsychological Testing Services

CPT® Codes and Descriptions ¹ <i>For services rendered on or after Jan. 1, 2019</i>	CPT Codes and Number of Requested Units
96130 Psychological testing evaluation services by physician or other QHP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s) when performed, first hour	_____ unit <i>(Only <u>one</u> unit of one hour allowed)</i>
+96131 Psychological testing evaluation services, by physician or other QHP, each additional hour	_____ # of additional hours
96132 Neuropsychological testing evaluation services by physician or other QHP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s) when performed, first hour	_____ unit <i>(Only <u>one</u> unit of one hour allowed)</i>
+96133 Neuropsychological testing evaluation services by physician or other QHP, each additional hour	_____ # of additional hours
96136 Psychological or neuropsychological test admin and scoring by physician or other QHP, two or more tests, any method, first 30 minutes	_____ unit <i>(Only <u>one</u> unit of 30 minutes allowed)</i>
+96137 Psychological or neuropsychological test admin and scoring by physician or other QHP, two or more tests, any method, each additional 30 minutes	_____ unit(s) <i>(# of additional units of 30 minutes each)</i>
96138 Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	_____ unit <i>(Only <u>one</u> unit of 30 minutes allowed)</i>
+96139 Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	_____ unit(s) <i>(# of additional units of 30 minutes each)</i>
96146 Psychological or neuropsychological test admin, with single automated, standardized instrument via electronic platform, with automated result only	_____ unit <i>(Only <u>one</u> unit allowed)</i>
Total number of units requested (count automated test admin as one hour):	_____ units

Please note: Codes on reimbursement schedules may vary by state or plan. Nothing in this document should be construed as altering your currently contracted services. There may be codes above for which you are not contracted. The presence of them here does not add them to your current contract.

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XIII. Technician Attestation: If technician CPT codes (96138 or 96139) are requested, the supervising psychologist must complete the following attestation. **I attest to the following:**

1. The services billed under the technician CPT code(s) will be delivered by an individual who has the appropriate training and experience to administer these tests;
2. The services will be delivered under my direct personal supervision;
3. The services will be provided in the office/facility where I render psychological services;
4. My employment and supervision of the technician complies with all applicable state laws and regulations including those governing psychologists;
5. I am responsible for the quality and accuracy of the services provided by the technician; and
6. I am responsible for the analysis and interpretation of the test results and final report.

Signature of supervising psychologist

Date