

Psychological and Neuropsychological

Pre-Authorization Request Form

To expedite the processing of your request, please complete all sections of the form. Fax to Behavioral Health Precert at 205-449-7049

- <u>ALL psychological testing requests must be pre-authorized</u>. Services performed without prior authorization, or authorization requests that are received after the date of testing, will not be approved.
- Requests for testing should be made only after a comprehensive clinical evaluation has been conducted

Section 1- Provide the f	ollowing general infor	rmation		
Member name:			Member ID #	Members DOB:
Testing Psychologist/Neuro	opsychologist:			
Address where testing will	be performed:			
Office contact:			Phone #:	Fax:
Testing date(s):				
Section 2: Provide the fe				
	s/mental status/clinical s chological or psychiatric e		orting data that demonstrates psycho	ological testing request necessary
2. Who referred the mem				
3. Has the member had a part of the second s	previous psychological ev copy of the evaluation			
4. Has the member had an	ny previous treatment for	r this conditi	on? 🗆 YES 🗆 NO	
6. Proposed treatment pla	come related to the pati in:	ient s conditi	ion:	
7. Any additional details to	o be considered for this r	request?		
Section 3: Requested Testing				
CPT Code	# of Units Requested	Specify na	me of test(s) attributed to this CPT	Code:
		Develonmen	tal/Behavioral Screening and testing	
96127		Development		
		Neurobehavi	oral Status Exam	
96116; 1 st hour				
96121; each add'l hour				
		Psychologica	l test evaluation services	
96130; first hour				
96131; each add'l hour				
		Neuropsycho	logical test evaluation services	
96132; first hour				
96133; each add'l hour				
		Psychologica	l or neuropsychological test administra	tion and scoring by professional
96136; fist 30 minutes				
96137; each add'l 30 minutes				
		Psychologica	l or neuropsychological administration	and scoring by technician
96138; fist 30 minutes 96139; each add'l 30 minutes		-		
90139; each add 130 minutes		Devehologisa	l or nouroncychological tost administra	tion by computer single instrument
			l or neuropsychological test administra est result only	nion by computer, single instrument,
96146				
Total Hours for				
Testing requested:				