

Psychological Testing Request Form

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. Be sure to 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.

Fax the completed form to 570-214-3573. Call 888-839-7972 if you have any questions.

Still faxing? If so, you may be missing out on timesaving benefits, including automatic approvals and guided submission only available when using the Cohere portal to manage authorizations. Registration only takes a few minutes and unlocks access for all users at your practice organization.

Visit www.coherehealth.com/register to begin.

Request date:

Treatment start date:

Member information:

Name:

DOB:

Health plan ID:

Phone:

Person/agency making the initial referral to the testing psychologist:

Psychologist

Psychiatrist

Testing psychologist

School

Court

Parent(s)

Primary care doctor/specialist

Therapist

Other: _____

Testing provider information:

Name:

NPI:

Degree/credentials:

Email:

Phone:

Fax:

Agency:

Contact person:

Street address:

City:

State:

Zip:

DSM 5 Diagnosis/ICD-10 Diagnosis code:

What is the clinical question to be answered by testing?

What is the reason this question cannot be answered by a diagnostic interview, medical/neurological consult, review of psychological/psychiatric records or second opinion?

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

Describe the member's current presentation.

How would the results of testing affect the treatment plan? Be specific.

Has the member used any substances in the last 30 days?

Yes No If yes, describe:

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 [999203, 99204, 99205]?

Yes - Date of evaluation:

No

Has the patient been evaluated by a psychiatrist?

Yes - Date of evaluation:

No

Has there been previous psychological testing?

Yes - Date of evaluation:

Area of focus:

No

CPT codes and descriptions For services rendered on or after Jan. 1, 2019	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 (only 1 unit of 1 hour allowed)
96131 – Psychological testing evaluation services by physician or other QHP; each additional hour	_____ number of additional hours
96132 – Neuropsychological testing evaluation services by physician or other QHP, 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 (only 1 unit of 1 hour allowed)
96133 – Neuropsychological testing evaluation services by physician or other QHP; each additional hour	_____ number of additional hours
96136 – Psychological or neuropsychological test administration and scoring by physician or other QHP; 2 or more tests, any method, first 30 minutes	_____ unit (only 1 unit of 30 minutes allowed)
96137 – Psychological or neuropsychological test administration; 2 or more tests, any method, each additional 30 minutes	_____ unit(s) additional units of 30 minutes each
96138 – Psychological or neuropsychological test administration and scoring by technician; 2 or more tests, any method, first 30 minutes	_____ unit (only 1 unit of 30 minutes allowed)
96139 – Psychological or neuropsychological test administration and scoring by technician; 2 or more tests, any method, each additional 30 minutes	_____ unit(s) additional units of 30 minutes each
96146 – Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	_____ unit (only 1 unit of 1 hour allowed)
Total number of hours requested (count automated test administration as 1 hour):	_____ total hours (use .5 to indicate half an hour [e.g., 5.5])