



Please fax completed form to (800) 262-2567.

<b>Name of Member to Receive Testing:</b>		<b>Member's DOB:</b>	
<b>Enrollee ID #:</b>		<b>Testing Dates of Service Requested:</b> Start: / / End: / /	
<b>Psychologist Name:</b>	<b>Degree:</b>	<b>Type of License:</b> <b>NPI or Tax ID #:</b>	
<b>Address:</b> Street: City: State: Zip:		<b>Phone:</b> ( ) <b>Fax:</b> ( )	
<b>Provider Who Referred Member to Psychologist for Testing:</b> OR: <input type="checkbox"/> None/Other: _____			
<b>Name:</b>		<b>Specialty/Type:</b>	<b>Phone (Optional):</b>
<b>Case Background:</b> (Include member's current level of care, specific behaviors and symptoms of concern and impacts on current functioning, assessment/testing history including dates and types of prior evaluation, co-existing medical, psychiatric, substance use conditions, etc.)			
<b>Purpose of Testing:</b> (Specify referral questions, outstanding issues related to differential diagnosis, contributions to the clinical treatment plan.)			
<b>Existing DSM or ICD Diagnostic Code Number and Name:</b> (Complete all DSM axes. If no diagnosis exists, write "None".)			
<b>Rule-Out Diagnostic Code Numbers and Names to be Evaluated:</b> Diagnostic Code Number: Diagnostic Code Name:			
<b>List All Tests Required: (Please spell out names of tests. Indicate if administering select or supplementary subtests.)</b>			
<b>What service are you requesting? (Select ONLY one type):</b> <input type="checkbox"/> Psychological Testing <input type="checkbox"/> Neuropsychological Testing <input type="checkbox"/> Automated Testing			
<b>Psychological Testing Evaluation (Units) Requested:</b> 96130 = (1 unit max allowed)    96131 =		<b>Neuropsychological Testing Evaluation (Units) Requested:</b> 96132 = (1 unit max allowed)    96133 =	
<b>Administration and Scoring (Units) Requested:</b> 96136 = (1 unit max allowed)    96137 = 96138 = (1 unit max allowed)    96139 =		<b>Neuro-Behavioral Status Exam (Units) Requested:</b> 96116 = (1 unit max allowed)    96121 =	
<b>Automated Testing (limited to 1 test only)</b> 96146 = (1 unit max allowed)			
<b>Note:</b> Notification/Authorization, when required by member's policy, must be obtained separately for 90791 initial diagnostic interview.			
<b>Has Testing Been Started?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state service date range.)		<b>Court-ordered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note:** Prior notification/authorization must be obtained for coverage of psychological and neuropsychological testing service when required by the member's benefit plan, or testing service otherwise may be subject to post-service clinical review in order to determine coverage. An incomplete form may delay processing. Notification/authorization is based on the member's eligibility, terms of the benefit plan, Federal/State regulations, and RMHP's Policies & Procedures, and MCG medical necessity guidelines for Psychological and Neuropsychological Testing, and Coverage Determination Guidelines. Please call the toll-free number on the member's insurance card if you have any questions.