

Procedure for Psychological/Neuropsychological Testing Preauthorization

Health Tradition covers psychological and neuropsychological testing only if found to be medically necessary and appropriate and if **all** of the following apply:

- A thorough clinical assessment by a qualified mental health provider has been conducted. A thorough clinical assessment includes a review of mental status, social functioning, applicable medical information, history, and applicable collateral information.*
- There is significant uncertainty about a diagnosis that affects the choice of treatment interventions.
- The patient's symptoms are complex or unusual so that diagnosis and clarification of symptoms can be accomplished only through such testing.
- There are distinct treatment options based on the differential diagnoses that are clarified through the testing.
- The testing is likely to produce the required diagnosis and clarification necessary for planning treatment.

Examples of testing not covered are: (1) testing to assist with custody placement, (2) vocational or academic assessments, and (3) testing being performed to answer clinical questions that could be answered by a comprehensive clinical interview or a referral to a board-certified psychiatrist.

If you feel that this request meets all of the above criteria, please complete and return the enclosed request for authorization form to the attention of Behavioral Health administrative assistant. You may send it either by fax to 608.781.9654 or by mail. Our medical services coordinator or medical advisor will review the request and determine if it qualifies for coverage under our health plan. We will notify you of our decision in writing.

If you have questions about this process, please call our Customer Service Department at 877.832.1823.

*If testing is requested for a medical diagnosis, this mental health assessment may be waived.



Psychological/Neuropsychological Testing **Request for Authorization**

Birth Date:

Subscriber ID:

Please return to:

Patient Name:

Neuro/Psych Test Admin, MD/QHP 1st 30 min (96136)

Neuro/Psych Test Admin, MD/QHP Addl 30 min (96137)

Neuro/Psych Test Admin, Tech Only 1st 30 min (96138)

Neuro/Psych Test Admin, Tech Only Addl 30 min (96139)

Behavioral Health, Health Tradition, P.O. Box 21538, Eagan, MN 55121 or fax to 608.781.9654

Psychologist's Name:	Phone:		Fax/E-mail Address:	
*Has a behavioral clinical evaluation taken place? (required	d) Yes No	Referral Source:		
If yes, by whom (name, credentials, and fax/e-mail addre	ess):	Pediatrician	PCP	
		Behavioral Health	Neurologist	
*Please attach the recent behavioral clinical evaluation with thi	is form.	Self-Referral	Other:	
LOCATION OF TESTING: Name and address of testing site:			Tax ID:	
TESTING INFORMATION. Note: Checklists and inventories	are considered part	of the clinical evaluation/in	terview.	
1. Briefly describe the presenting problem(s) to be ass	essea, including sym	ptoms and any other tests a	aiready performed.	
2. Define the referral question(s) to be answered. Wh	at guestion could no	t be answered by the evalua	ation? How will testing help	
answer this question? How will this clarify the diagr				
Name of Test		Purpose of Test	Time Required	
Name of Test	F	Purpose of Test	Time Required	d l
Name of Test	ī	Purpose of Test	Time Required	<u> </u>
Name of Test	F	Purpose of Test	Time Required	<u></u>
Name of Test	ſ	Purpose of Test	Time Required	3
Name of Test	ſ	Purpose of Test	Time Required	i
Name of Test	F	Purpose of Test	Time Required	j
Name of Test Covered Service(s): Only the following procedure codes will be of		•		d
Covered Service(s): Only the following procedure codes will be o		•		1
Covered Service(s): Only the following procedure codes will be on time requested for the following:	onsidered for preautho	rization. Health Tradition U	Jse ONLY	<u> </u>
Covered Service(s): Only the following procedure codes will be of TIME REQUESTED FOR THE FOLLOWING: Neurobehavioral Status Exam, MD/QHP 1st hour (96116)	onsidered for preautho	rization. Health Tradition U		
Covered Service(s): Only the following procedure codes will be of time REQUESTED FOR THE FOLLOWING: Neurobehavioral Status Exam, MD/QHP 1st hour (96116) Neurobehavioral Status Exam, MD/QHP Addl hour(s) (96121)	onsidered for preautho	rization. Health Tradition U	Jse ONLY	
Covered Service(s): Only the following procedure codes will be of TIME REQUESTED FOR THE FOLLOWING: Neurobehavioral Status Exam, MD/QHP 1st hour (96116) Neurobehavioral Status Exam, MD/QHP Addl hour(s) (96121) DEVELOPMENTAL TESTING:	onsidered for preauthoHr(s)Hr(s)	rization. Health Tradition U 96116 96121	Jse ONLY	3
Covered Service(s): Only the following procedure codes will be of time REQUESTED FOR THE FOLLOWING: Neurobehavioral Status Exam, MD/QHP 1st hour (96116) Neurobehavioral Status Exam, MD/QHP Addl hour(s) (96121) DEVELOPMENTAL TESTING: Developmental Test/Inter/Report, MD/QHP 1st hour (96112)	onsidered for preauthoHr(s)Hr(s)Hr(s)	rization. Health Tradition U	Jse ONLY	
Covered Service(s): Only the following procedure codes will be of TIME REQUESTED FOR THE FOLLOWING: Neurobehavioral Status Exam, MD/QHP 1st hour (96116) Neurobehavioral Status Exam, MD/QHP Addl hour(s) (96121) DEVELOPMENTAL TESTING:	onsidered for preauthoHr(s)Hr(s)Hr(s)	rization. Health Tradition U 96116 96121 96112	Jse ONLY	
Covered Service(s): Only the following procedure codes will be continuous times and the continuous times are codes will be continuous. Time Requested For the Following: Neurobehavioral Status Exam, MD/QHP 1st hour (96116) Neurobehavioral Status Exam, MD/QHP Addl hour(s) (96121) Developmental Test/Inter/Report, MD/QHP 1st hour (96112) Developmental Test/Inter/Report, MD/QHP Addl 30 min (96113)	onsidered for preauthoHr(s)Hr(s)Hr(s)	rization. Health Tradition U 96116 96121 96112	Jse ONLY	
Covered Service(s): Only the following procedure codes will be continuous times and the continuous times are codes will be continuous. Neurobehavioral Status Exam, MD/QHP 1st hour (96116) Neurobehavioral Status Exam, MD/QHP Addl hour(s) (96121) DEVELOPMENTAL TESTING: Developmental Test/Inter/Report, MD/QHP 1st hour (96112) Developmental Test/Inter/Report, MD/QHP Addl 30 min (96113) NEUROPSYCHOLOGICAL ASSESSMENT: Neuropsychological Inter/Report MD/QHP 1st hour (96132) Neuropsychological Inter/Report MD/QHP Addl hour(s) (96133)	onsidered for preauthoHr(s)Hr(s)Hr(s)Hr(s)	rization. Health Tradition U 96116961219611296113	Jse ONLY	
Covered Service(s): Only the following procedure codes will be continuous trime REQUESTED FOR THE FOLLOWING: Neurobehavioral Status Exam, MD/QHP 1st hour (96116) Neurobehavioral Status Exam, MD/QHP Addl hour(s) (96121) DEVELOPMENTAL TESTING: Developmental Test/Inter/Report, MD/QHP 1st hour (96112) Developmental Test/Inter/Report, MD/QHP Addl 30 min (96113) NEUROPSYCHOLOGICAL ASSESSMENT: Neuropsychological Inter/Report MD/QHP 1st hour (96132) Neuropsychological Inter/Report MD/QHP Addl hour(s) (96133) PSYCHOLOGICAL ASSESSMENT:	onsidered for preauthoHr(s)Hr(s)Hr(s)Hr(s)Hr(s)Hr(s)	rization. Health Tradition U 961169612196112961139613296133	Jse ONLY	
Covered Service(s): Only the following procedure codes will be continuous times and the continuous times are codes will be continuous. Neurobehavioral Status Exam, MD/QHP 1st hour (96116) Neurobehavioral Status Exam, MD/QHP Addl hour(s) (96121) DEVELOPMENTAL TESTING: Developmental Test/Inter/Report, MD/QHP 1st hour (96112) Developmental Test/Inter/Report, MD/QHP Addl 30 min (96113) NEUROPSYCHOLOGICAL ASSESSMENT: Neuropsychological Inter/Report MD/QHP 1st hour (96132) Neuropsychological Inter/Report MD/QHP Addl hour(s) (96133)	onsidered for preauthoHr(s)Hr(s)Hr(s)Hr(s)Hr(s)	rization. Health Tradition U	Jse ONLY	

_30 min units

_30 min units

_30 min units

_30 min units

96136

96137

96138

96139