Prior Authorization Request for Psychological and Neuropsychological Testing Form

TUFTS Health Plan
a Point32Health company

Tufts Health RITogether, fax to 857-304-6404

Today's date / /

Tufts Health Public Plans requires prior authorization for all psychological and/or neuropsychological testing requests. We will administratively deny services performed without prior authorization.

MEMBER INFORMATION

Please verify member eligibility before rendering services.

Name

Member ID DOB / /

SERVICING PROVIDER INFORMATION

Testing psychologist NPI #

Agency Tax ID #

Address

City State ZIP

Phone Fax

REQUESTING PROVIDER INFORMATION (*if different than servicing provider*)

Clinician requesting testing NPI #

Agency Tax ID #

Address

City State ZIP

Phone Fax

Presenting problem and reason for prior authorization request:

Specific questions that testing could answer:

Current symptoms/mental status: *Please include mood disturbance, psychosis, suicidal/homicidal ideation, past/present physical/ sexual abuse and relational capacity.*

Academic issues:

Was a case conference/CORE held at school? Yes No If yes, when? / /

School name District

Special education: Yes No Chapter 766: Yes No IEP: Yes No

Previous psychological testing: *Please summarize the results of any previous psychological testing.*

Previous testing and results:

Medical issues: *Please include any known pregnancy/birth complications, brain injury, head trauma, or lead poisoning.*

Date of last physical examination / /

Medications: *Please include both psychiatric and medical medications.*

History of substance abuse? Yes No

If yes, what substances?

Past/present mental health treatment and dates: (*e.g., psychiatric hospitalization, outpatient treatment*)

How will testing directly affect the treatment process?

How will results influence treatment decisions, facilitate treatment goals and/or provide information beyond what is currently available?

Diagnosis: ICD-10 code

Psychological/neuropsychological tests: *Please identify specific intervention, not the modality of counseling.*

Total hours of authorized testing:

Psychological Testing		Neuropsychological Testing		Neuro-Behavioral Evaluation
96130 =	96138 =	96132 =	96138 =	(*prior authorization not required*)
96131 =	96139 =	96133 =	96139 =	96116 =
96136 =	96146 =	96136 =	96146 =	96121 =
96137 =		96137 =		

Total number of hours requested:

If a licensed psychologist will conduct the test, please add the appropriate modifier to the CPT code on the claim. If a psychologist intern or PhD (under the supervision of a licensed psychologist) will conduct the test, add the appropriate modifier to the CPT code on the claim.

Dates when required testing will occur: / / to / /

Tests to be administered:

Best time and phone number to reach provider for prior authorization:

Requesting provider signature **Date** / /

For Tufts Health Plan Use Only

Authorized dates to occur: / / to / /

Procedures and units authorized: