



An Anthem Company

### Request for authorization – Neuropsychological testing

#### General information

Member's name:	Date of birth:	Age:	Member's Empire ID:
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Psychologist name:	Empire provider ID:	Psychologist phone:
Psychologist address:	National provider ID:	Psychologist fax:

Referral source:	Referral specialty:	Referral phone:
Address:		

Neuropsychological testing may be medically necessary for assessment of neurocognitive functioning that follows traumatic brain injury, stroke or neurosurgery. It may also be useful for:

- Monitoring the progression of cognitive impairment secondary to neurological disorders.
- Assisting in the development of rehabilitation strategies for persons with neurological disorders.
- Helping in the differential diagnosis between psychogenic and neurogenic syndromes.

Formal psychological or neuropsychological testing beyond structured interviews and direct, structured behavioral observation is rarely considered medically necessary for diagnosis of attention-deficit/hyperactivity disorder or pervasive development disorders. Neither is it considered to be medically necessary for diagnosis of learning disorders in the absence of verified brain injury.

[www.empireblue.com/nymedicaidoc](http://www.empireblue.com/nymedicaidoc)

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**Clinical information**

Check any that apply.			
<input type="checkbox"/> Traumatic brain injury Date of injury:	<input type="checkbox"/> Encephalitis Date:	<input type="checkbox"/> Epilepsy and cognitive impairment (suspected or documented) Date:	<input type="checkbox"/> Multiple sclerosis and suspected/demonstrated cognitive impairment
<input type="checkbox"/> Anoxic/hypoxic brain injury Date:	<input type="checkbox"/> Cerebrovascular accident Date:	<input type="checkbox"/> Psychosis	<input type="checkbox"/> Major affective disorder
<input type="checkbox"/> History of intracranial surgery Date:	<input type="checkbox"/> A brain tumor in remission with slow progression	<input type="checkbox"/> Neurosurgery planned for epilepsy control Date:	<input type="checkbox"/> Head injury with loss of consciousness Date:
<input type="checkbox"/> Confirmed neurotoxin exposure Date:	<input type="checkbox"/> Dementia suspected		
Duration of symptoms: <input type="checkbox"/> 0–3 months <input type="checkbox"/> 3–6 months <input type="checkbox"/> 6–12 months <input type="checkbox"/> More than 12 months			

Use the following space to outline other pertinent history or clinical information relevant to your request for neuropsychological testing authorization:

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Has this patient had previous psychological/neuropsychological testing?  Yes  No

Date of testing: \_\_\_\_/\_\_\_\_/\_\_\_\_

What were the results and reasons for retesting?

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Is the patient taking medications? Yes  No

If yes, list medications:

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Have drug effects been ruled out as causes of cognitive impairment? Yes  No

Use the space below to outline the member's substance abuse history to date:

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**Clinical assessment**

Indicate which of the following assessments have been completed:

<input type="checkbox"/> Clinical interview with patient Date:	<input type="checkbox"/> Psychiatric evaluation Date:	<input type="checkbox"/> Structured developmental and psychosocial history Date:	<input type="checkbox"/> Electroencephalogram Date:
<input type="checkbox"/> Neurological exam Date:	<input type="checkbox"/> Interview with family member(s) Date:	<input type="checkbox"/> Consultation with school or other important persons Date:	<input type="checkbox"/> Medical evaluation Date:
<input type="checkbox"/> Consultation with primary care physician Date:	<input type="checkbox"/> Brief inventories and/or rating scales	<input type="checkbox"/> Neuroimaging (e.g., CT, MRI or PET) Date:	

What are the specific questions to be answered by neuropsychological testing that cannot be determined from the above services? How will the test results impact this patient's treatment?

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**Possible tests requested:**

<input type="checkbox"/> Wechsler intelligence scale <input type="checkbox"/> MMPI <input type="checkbox"/> WRAT-4 <input type="checkbox"/> Halstead-Reitan neuropsychological battery <input type="checkbox"/> Other (list):	<input type="checkbox"/> Luria-Nebraska <input type="checkbox"/> Bender Gestalt <input type="checkbox"/> Wechsler memory scale <input type="checkbox"/> Reitan-Indiana neuropsychological test battery
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Total time requested in hours: \_\_\_\_\_

\_\_\_\_\_  
 Provider signature and credentials

\_\_\_\_\_  
 Date submitted

**Note: We are unable to process illegible or incomplete requests.**

**Empire BlueCross BlueShield HealthPlus use only**

Date received: _____	Authorized from: _____	Authorized to: _____
Reference number: _____	96101 _____ hours	96116 _____ hours
_____	96102 _____ hours	96118 _____ hours
_____	96103 _____ hours	96119 _____ hours
		96120 _____ hours
		Other: _____

Authorization for routine outpatient care (e.g., codes 90801, 90806, 90846 or 90847) is not required for network providers treating eligible Empire members.