This form needs to be COMPLETELY filled out by the referring professional or doctor to complete the testing.

HealthPartners® Mailing Address: P.O. Box 1309 Minneapolis, MN 55440-1309 **Fax number**: **952-853-8830**

Neuropsychological and Psychological Testing Prior Authorization Request Form

HealthPartners CANNOT accept a completed form via e-mail. Can only accept via fax or US mail.

Name of Member to Receive Services:	**Member's Insurance #:**	**Member's DOB:**

Provider Name/Degree/License	**Phone**	**Fax**
Address:	**Tax ID**	**NPI**
Rule 29 clinic? Yes/ No Is provider Supervised? Yes/ No	**Supervisor/Degree/License**	
Are you Medicare Certified? Yes / No	**Medicare Certification #**	

Diagnostic Interview (90791/90792) taken place? Yes/ No **Date completed or scheduled:**	**If yes, please send copy of the diagnostic assessment**
Referred by: Name/Degree/Specialty/Phone	**Is this a provider currently treating the member? Yes/ No**

Authorization Dates Requested	**Start Date**	**End Date**

Background Information (include current Level of Care, relevant symptoms, treatment history, previous attempts to answer diagnostic questions including dates and types of previous psychological/neuropsychological testing, psychotropic medications, risk factors, substance abuse issues, etc.)

Purpose of Testing (referral question, differential diagnostic issues to be addressed, contributions to clinical treatment plan)

Current and Provisional DSM-IV Diagnosis (es) If neuropsychological testing request, include applicable medical (Axis III) diagnosis(es) with ICD-9 code(s).

Axis I: Axis II: Axis III:

Rule Out Diagnoses

List (Spell Out) All Tests Requested

Hrs/Units - Psych Testing:

_____ **CPT 90791**

_____ **CPT 90792**

_____ **CPT 96101**

_____ **CPT 96102**

_____ **CPT 96103**

Hrs/Units- Neuropsych Testing:

_____ **CPT 96118**

_____ **CPT 96119**

_____ **CPT 96120**

Is Member at risk for higher level of care? Yes/ No Is the member at risk of an of out-of-home placement? Yes/ No
Has member had an of out-of-home placement in the past? Yes/ No When/Where:

Form Completed By:	**Phone:**	**Date:**

This form needs to be COMPLETELY filled out by the referring professional or doctor to complete the testing.

Neuropsychological Testing

Neuropsychological testing is covered when ordered by a psychologist or psychiatrist for a behavioral health condition, or the appropriate physician specialist for a medical disorder, for the purpose of diagnosis or treatment of neuropsychological disorders.

HealthPartners needs a written note/letter or chart note from the psychologist or psychiatrist for a behavioral health condition, or the appropriate physician specialist for a medical disorder, outlining the changes that have been noted in the member and how the testing is going to help treatment of the member.

HealthPartners needs to know why testing / re-testing is needed what questions the testing is to answer.

The decision will be delayed until the information is provided.

According to HealthPartners Coverage Criteria for Neuropsychological Testing – Behavioral Health, Neuropsychological testing is considered medically necessary when there has been either #1 or #2 below.

1. A significant mental status **change** as noted on a Mental Status Examination and it has not responded to treatment; (This excludes changes due to a metabolic disorder), OR

2. A significant behavioral **change,** memory loss or organic brain injury.

In addition, there needs to be at least one significant, and related, diagnosis. *See HealthPartners website for detailed information – Forms for providers.*

Indications that **are not covered** because there is not evidence that the results will be effective in guiding treatment include:

1. Autism spectrum disorder/pervasive developmental disorder
2. Chronic fatigue syndrome
3. Attention-deficit/hyperactivity disorder (ADHD)
4. Developmental disability, developmental delay
5. When performed in association with vocational counseling or training
6. Learning disability
7. Mental retardation
8. Tourette's syndrome