

<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 #:</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"/> <b>None/Other:</b>			
<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>Psychological Testing Hours (Units) Requested:</b> 96101 = _____ 96102 = _____ 96103 = _____		<b>Neuropsychological Testing Hours (Units) Requested:</b> 96118 = _____ 96119 = _____ 96120 = _____	
<b>Note:</b> Notification/Authorization, when required by a member’s policy, must be obtained separately for a 90801 initial diagnostic interview visit and for a testing feedback visit billed as an interview/therapy visit.		<b>Neuro-Behavioral Status Exam Hours (Units) Requested:</b> 96116 = _____	
<b>Total Hours (Units) Requested (96101-96103 Testing, 96118-96120 Testing, and 96116 Status Exam):</b>			
<b>Feedback Session Requested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please bill as 90806/90846 and claim under separate authorization, or specify CPT code requested.)			
<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 OptumHealth’s Policies & Procedures, and Psychological and Neuropsychological Testing Guidelines and Coverage Determination Guidelines. Please call the toll-free number on the member’s insurance card if you have any questions.

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