



AETNA BETTER HEALTH® OF MISSOURI

Precertification Neuropsychological/Psychological testing

In order to be authorized, psychological testing must be needed to establish a differential diagnosis that is crucial to establishing or modifying a treatment plan. Before requesting authorization for neuropsychological testing you must complete a face-to-face evaluation of sufficient detail to answer the questions on the authorization form. Additionally, testing must not be available from any other source, and any previous psychological testing results are either unavailable or more than 18 months old. Testing requested primarily for legal, employment, vocational, or educational purposes is most often not a covered benefit.

Testing is encouraged only when clearly indicated and necessary for treatment. This report must be received and certified by Aetna Better Health of Missouri prior to testing. If testing is deemed clinically urgent and completion must be immediate, the request can be made by calling Aetna Better Health of Missouri at the Authorization number on the patient’s ID card. Fax the following form to: Aetna BetterHealth of Missouri, **1-866-341-1327**.

PLEASE PRINT

| Member information | | | | |
|--|--|------|---------------------------------------|--|
| Patient name: | | DOB: | Age: | |
| Member ID#: | | | | |
| Clinical information | | | | |
| Current Diagnoses under evaluation (DSM 5) Diagnoses: | | | | |
| R/O Diagnoses | | | | |
| Current Acute Clinical symptoms | | | | |
| Patient referred to requesting Psychologist by: (Name, Degree, Specialty, Phone) | | | | |
| Clinical Interview Data: (psycho/social/behavioral history, mental status exam, medications, impairments to functioning, etc.) | | | | |
| Purpose of testing (including referral questions, differential diagnostic issues to be addressed, how treatment plan will be affected by results of testing) | | | | |
| Have Resources for psychological evaluation been explored through the patient’s place of employment or school? | <input type="checkbox"/> Yes. Explain: | | <input type="checkbox"/> No. Explain: | |
| Has the member had a psychiatric/diagnostic interview, observation in therapy, or an assessment at a mental health or substance abuse facility: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

