Amerigroup
District of Columbia

https://providers.amerigroup.com/DC

Request for Authorization — Neuropsychological Testing

Please submit this form electronically using our preferred method by logging onto Availity from the Amerigroup District of Columbia, Inc. provider website at https://providers.amerigroup.com/DC. This form can also be submitted via fax to 1-800-454-1193 on the last authorized day.

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

General information

Patient name:		
DOB:	Age:	Patient ID:
Name of psychologist:	Address:	
Provider #:	Provider NPI:	
Provider phone #:	Provider fax #:	
Provider email:		
Referral source:	Specialty:	
Address:	Phone:	

Neuropsychological testing may be medically necessary for assessment of neurocognitive functioning following traumatic brain injury, stroke or neurosurgery. It may also be useful for monitoring the progression of cognitive impairment secondary to neurological disorders, to assist in the development of rehabilitation strategies for persons with neurological disorders, and to aid in differential diagnosis between psychogenic and neurogenic syndromes. Formal psychological or neuropsychological testing beyond structured interviews or direct and structured behavioral observation is rarely considered medically necessary for the diagnosis of ADHD or pervasive developmental disorders. It is not considered medically necessary for diagnosing learning disorders in the absence of verified brain injury.

Clinical information

☐ Traumatic brain injury and date:	☐Encephalitis and date:	☐ Epilepsy and cognitive impairment suspected or documented and date:	☐ Multiple sclerosis and suspected or demonstrated cognitive impairment
☐ Anoxic or hypoxic brain injury and date:	☐ CVA and date:	☐ Psychosis	☐ Major affective disorder
☐ History of intracranial surgery and date:	☐ Brain tumor in remission with slow progression	☐ Neurosurgery planned for epilepsy control and date:	☐ Head injury with loss of consciousness and date:
☐ Confirmed neurotoxin exposure and date:	☐ Dementia suspected	☐Other:	

Please include any relevant medical records to support the request for testing.

Clinical assessment

☐ Clinical interview with patient and date:	☐ Psychiatric evaluation and date:	☐ Structured developmental and psychosocial history and date:	☐ EEG and date:
☐ Neurologic exam and date:	☐ Interview with family members and date:	☐ Consultation with school or other important persons and date:	☐Medical evaluation and date:
☐ Consultation with PCP and date:	☐ Brief rating scales or inventories	☐ Neuroimaging (CT, MRI, PET, etc.) and date:	

Date of clinical interview: _____

Other pertinent history or clinical information relevant to request for neuropsychological testing:
Has the patient had previous psychological or neuropsychological testing? ☐ Yes ☐ No If yes, date of testing: _____. What were the results and reasons for testing?

Is the patient taking medications? ☐ Yes ☐No If yes, please list: Have drug effects been ruled out as a cause of cognitive impairment? ☐ Yes ☐ No
Please include the patient's substance use history to 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?
ICD-10-CM diagnoses under evaluation:
Neuropsychological tests requested:
Please list the tests you are requesting and the administration time. For tests with multiple versions, specify which one. If you are administering selected subtests, please indicate which ones. Please attach a separate sheet if necessary.
Please provide the hours and billing codes requested for the current neuropsychological assessment:
96116 _____ hours (HRS) 96119 _____ HRS 96118 _____ HRS Other: _____ **Total time requested in HRS:**

Provider signature:	
Date:	
Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.	

Authorization for routine outpatient care is not required for network providers treating eligible enrollees. Authorization for neuropsychological testing is subject to verification of enrollee eligibility and is not a guarantee of payment.