Amerigroup
District of Columbia

Medicaid

https://provider.amerigroup.com/DC

Request for Authorization — Neuropsychological Testing

Please submit this form electronically using our preferred method by logging into Availity* from the Amerigroup District of Columbia, Inc. provider website at **https://providers.amerigroup.com/DC** for participating Amerigroup healthcare providers or those interested in joining our provider network.

General information			
Enrollee name:	**Date of birth: Age:**	**Amerigroup enrollee ID:**	
Name of psychologist:	**Amerigroup provider #:**	**Phone:**	**Fax:**
Address:	**Provider NPI #:**	**Provider email:**	
Referral source:	**Specialty:**	**Address:**	**Phone:**

Neuropsychological testing, also known as psychometric testing, is a comprehensive evaluation of cognitive, motor, and behavioral functional abilities related to developmental, degenerative, and acquired brain disorders. This testing may be used to augment a comprehensive medical history and physical examination as well as neurological investigation of certain conditions. Neuropsychological testing is considered medically necessary when there is evidence to suggest that the test results will have a timely and direct impact on the enrollee's treatment plan for certain indications. Repeat testing to track the status of an illness or recovery progress is subject to individual case consideration but is generally not warranted.

Clinical information (include any relevant medical records to support the request for testing.)			
☐ Traumatic brain injury, date:	☐ Encephalitis, date:	☐ Epilepsy and cognitive impairment suspected or documented, date:	☐ Multiple sclerosis and suspected/demonstrated cognitive impairment, date:
☐ Anoxic/hypoxic brain injury, date:	☐ CVA, date:	☐ Psychosis, date:	☐ Major affective disorder, date:
☐ History of intracranial surgery, date:	☐ Brain tumor in remission or with slow progression, date:	☐ Neurosurgery planned for epilepsy control, date:	☐ Head injury with loss of consciousness, date:
☐ Confirmed neurotoxin exposure, date:	☐ Dementia suspected, date:	☐ Other, date:	☐ Other, date:
Clinical assessment			
☐ Clinical interview with patient, date:	☐ Psychiatric evaluation, date:	☐ Structured developmental/ psychosocial history, date:	☐ EEG, date:
☐ Neurologic exam, date:	☐ Neurobehavioral exam, date:	☐ Consultation with school or other important persons, date:	☐ Medical evaluation, date:

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☐ Consultation with PCP, date:	☐ Brief rating scales or inventories, date:	☐ Neuroimaging (CT, MRI, PET, etc.), date:	☐ Interview with family enrollee(s), date:

Date of clinical interview:			
Enter other pertinent history or clinical information relevant to this 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?			
List the medication(s) the patient is taking or mark the box if none. ☐ None			
Have medication effects been ruled out as a cause of cognitive impairment? ☐ Yes ☐ No Have alcohol and/or illicit substance effects been ruled out as a cause of cognitive impairment? ☐ Yes ☐ No			
Enter the patient's substance use history to date or mark the box if none. ☐ None			
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?			
Enter ICD-10 diagnoses under evaluation.			
Neuropsychological tests requested:			
Please list the tests you are requesting and expected administration time. For tests with multiple versions, specify which one. If you are administering selected subtests, please indicate which ones. Attach a separate sheet if necessary.			
Total time requested in hours:			
Provider signature:		**Date:**	

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Date received: _____ Auth from: _____ 96116 _____ hrs 96119 _____ hrs Reference #: _____ Auth to: _____ 96118 _____ hrs Other: _____

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.

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