

Georgia Families 360°SM

Community Education and Training Department



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH



Amerigroup
RealSolutions[®]
in healthcare

Psych Testing-Fast Track Process & Non-FT Request



Prior Authorization Requirements

The Georgia Department of Community Health (DCH) implemented the centralized prior authorization (PA) feature which is the preferred method for submitting preauthorization requests. This feature allows participating Georgia Medicaid providers to submit PA requests to fee-for-service (FFS) and care management organizations (CMOs) through a centralized source: the [Georgia Medicaid Management Information System \(GAMMIS\)](#).

Alternatively, Amerigroup Community Care is available by phone or via the Interactive Care Reviewer (ICR) 24/7 days a week to accept preauthorization requests. **You can access the ICR from the Availity Portal home page.**

- The ICR allows detailed text, photo images and attachments to be submitted along with your request. It also provides a complete view of all utilization management requests with real-time status updates, including email notifications if requested.
- Additionally, providers can use this tool to make inquiries on previously submitted requests, regardless of how they were sent (phone, fax, ICR or another online tool).
- To request or check the status of a preauthorization request or decision, log in to Availity. Once logged in, select **Patient Management | Authorizations & Referrals**, then choose **Authorizations** or **Auth/Referral Inquiry** as appropriate.

[Log in to Availity](#)



Please enter your credentials

User ID:

Password:

Show password

[Forgot your password?](#)
[Forgot your user ID?](#)

Log in



Interactive Care Reviewer Terms of Use and Disclaimers

We have developed this online system to allow providers to request utilization management determinations, to assist in assembling required information, and to view an advance determination with information regarding review of coverage for a requested service.

All treatment decisions, and the consequences and outcomes thereof, are the responsibility of the health care provider and the patient, not the Plan. Please note that based on the member's plan, the following may apply:

- Plan deductibles and co-payments apply before final payment can be made.
- Plan maximums and limitations will apply before payment can be made.
- Plan benefits may change upon renewal.

Health care providers will continue to receive a formal written notice of the Plan determinations, which will include specific additional information regarding the administration of benefits for the requested service.

The data provided by this system is protected health information ("PHI") and must be treated with the same care as other PHI that is exchanged during the normal course of business. PHI shall only be used as necessary for patients currently receiving treatment. Health care providers using this system must ensure that use of PHI is subject to the provider's own policies and procedures, in compliance with applicable law. Such use shall further be subject to the terms and conditions of the Provider's agreement with the Plan.

Access, use, or disclosure of information related to certain sensitive medical services is strictly limited by federal and state laws. Sensitive medical services may include, but are not limited to, treatment for: substance use disorders, sexually transmitted illnesses or mental conditions. Such information may only be accessed, used, or disclosed with the authorization of the patient or for treatment purposes. Accessing sensitive service information outside of these requirements is prohibited.

Drug and alcohol abuse treatment records may only be accessed, used, or disclosed with the consent of the patient or to the extent necessary to respond to a bona fide medical emergency.

By selecting 'Accept', you acknowledge that you have read and you agree to these Terms of Use/Disclaimer.

Accept

[Terms of Use & Privacy Disclaimer](#)



My Organization's Requests



Create New Request



Check Case Status



Check Appeal Status



Page of 28 | View Results | Displaying 1 to 20 of 554 Requests Found

| Request Tracking ID | Reference Number | Status | Patient Name | Service Date Range | Request Type | Line of Business | State Sold | Requesting Provider NPI | Submit Date | Created By | Updated Date ↓ | Updated By |
|---------------------|------------------|-----------------------------------|-------------------|-------------------------|--------------|------------------|------------|-------------------------|------------------------|------------|------------------------|------------|
| 473633 | | Not Submitted | SHOWLER, RICHARD | 08/24/2022 | Inpatient | FEP | AE | | | test, test | 2022-08-24 11.08.09 AM | test, test |
| 50024210 | | Not Submitted | Wickwarth, Randy | 08/24/2022 - 02/20/2023 | Outpatient | Medicaid | GA | | | test, test | 2022-08-24 11.05.38 AM | test, test |
| 50024209 | | Not Submitted | Phillie, Fehners | 08/24/2022 | Inpatient | Medicaid | WA | | | test, test | 2022-08-24 08.47.37 AM | test, test |
| 473632 | | Not Submitted | TIM, TONY | 08/23/2022 - 08/24/2022 | Outpatient | Local Commercial | NY | | | test, test | 2022-08-24 07.06.15 AM | test, test |
| 473630 | | Not Submitted | TIM, TONY | 08/23/2022 - 08/24/2022 | Outpatient | Local Commercial | NY | | | test, test | 2022-08-24 06.50.01 AM | test, test |
| 473297 | | Not Submitted | TIM, TONY | 07/28/2022 - 07/28/2022 | Outpatient | Local Commercial | NY | | | test, test | 2022-08-24 06.33.02 AM | test, test |
| 473629 | | Not Submitted | TIM, TOM | 08/24/2022 | Inpatient | Medicaid | SC | | | test, test | 2022-08-24 02.04.17 AM | test, test |
| 473621 | UM52226024 | See Details | VALLADARES, HALEY | 08/23/2022 - 08/28/2022 | Inpatient | Local Commercial | CO | | 2022-08-23 12.00.00 AM | test, test | 2022-08-24 01.19.29 AM | System |
| 473624 | UM52226060 | See Details | TEST, JATIN | 08/23/2022 - 08/30/2022 | Inpatient | Local Commercial | CO | 1649224114 | 2022-08-23 09.11.23 AM | test, test | 2022-08-23 09.32.59 AM | System |
| 473627 | | Not Submitted | SMITH, SHILREY | 08/23/2022 - 08/26/2022 | Outpatient | Medicaid | CA | | | test, test | 2022-08-23 09.25.15 AM | test, test |
| 473623 | UM52226045 | Out of Network Review In Progress | RAJ, ANTONY | 08/21/2022 - 08/23/2022 | Outpatient | MEDICAID | WV | 1003298902 | 2022-08-23 08.20.19 AM | test, test | 2022-08-23 08.30.20 AM | test, test |
| 473622 | UM52226042 | See Details | RAJ, ANTONY | 08/23/2022 - 08/24/2022 | Inpatient | MEDICAID | WV | 1003298902 | 2022-08-23 08.03.32 AM | test, test | 2022-08-23 08.03.55 AM | System |
| 473613 | UM52221765 | Review In Progress | BURRELL, TAYLOR | 08/08/2022 - 08/08/2022 | Inpatient | Local Commercial | GA | | 2022-08-08 12.00.00 AM | test, test | 2022-08-23 05.46.48 AM | test, test |



My Organization's Requests



Create New Request



Check Case Status



Check Appeal Status

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5


Clinical Details

○

Case Overview

The Subscriber ID is required, accompanied by at least one additional piece of identifying information. The Patient Date of Birth is recommended.

Required Fields *

 Profiles

Case Details

Request Type *

Select One

Case Type *

Select One

Patient Details

Subscriber ID *

ID must be entered exactly as it appears on the members ID card

Birth Date

MM/DD/YYYY

For best results enter Date of Birth instead of Patient first name or last name


Last Name(Optional)

First Name(Optional)

FIND PATIENT

The Subscriber ID is required, accompanied by at least one additional piece of identifying information. The Patient Date of Birth is recommended.

Required Fields *

 Profiles

Case Details

Request Type *

Outpatient

Case Type *

Psychiatric

Service From *

08/24/2022

Service To *

02/20/2023

Total Number of service days

180

Expected date of service or Earliest anticipated date the service will be performed

Patient Details

Subscriber ID *

559S00128

ID must be entered exactly as it appears on the members ID card

Birth Date

11/11/1945

For best results enter Date of Birth instead of Patient first name or last name

Last Name(Optional)

First Name(Optional)

FIND PATIENT

[Terms of Use & Privacy Disclaimer](#)



My Organization's Requests



Create New Request



Check Case Status



Check Appeal Status

Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
Not Submitted

Created by
test, test

Request Tracking ID
50024210

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

○

Case Overview



Patient Details

Subscriber ID 599S00128
Name Wickwarth, Randy
Date of Birth 11/11/1945
Gender Male
Relationship Self

Coverage

Eligibility Coverage Active Coverage
Coverage Period 01/01/2020 - 12/31/2030
Group Number GAMCD000
Group Name Georgia Medicaid
Line of Business Medicaid
State Sold GA

Case Details

Request Type Outpatient
Case Type Psychiatric
Service Date From 08/24/2022
Service Date To 02/20/2023

BACK

CONFIRM PATIENT

- 1 Patient Details
- 2 Service Details
- 3 Provider Details
- 4 Request Summary
- 5 Clinical Details
- Case Overview

Diagnosis Services    

* Required Fields [More Information](#)

| | | |
|---|--|--|
| Request Type Outpatient | Case Type Psychiatric | Service Date 08/24/2022 - 02/20/2023 |
| Place of Service * Select One | Type of Service * Select One | Level of Service Elective |

This field is required This field is required

Diagnosis Code(s) * **Diagnosis Description**

Add Diagnosis Code

| Diagnosis Code(s) | Description | Primary |
|-------------------|-------------|-------------|
| | | <p>Next</p> |

| | | | | |
|----------------------------------|----------------------------|-------------------------|--------------------------|---------------------------------|
| Patient Name Wickwarth, Randy | Subscriber ID 599S00128 | Status Not Submitted | Created by test, test | Request Tracking ID 50024210 |
|----------------------------------|----------------------------|-------------------------|--------------------------|---------------------------------|

- 1
Patient Details
- 2
Service Details
- 3
Provider Details
- 4
Request Summary
- 5
Clinical Details
- Case Overview

Diagnosis

Services

* Required Fields i More Information

| | | |
|---|---------------------------------|---|
| Request Type Outpatient | Case Type Psychiatric | Service Date 08/24/2022 - 02/20/2023 |
| Place of Service * <input type="text" value="Office"/> | Type of Service Professional | Level of Service Elective |

Diagnosis Code(s) * Diagnosis Description

Add Diagnosis Code

| Diagnosis Code(s) | Description | | Primary | |
|-------------------|---|----------------------------------|---------|---|
| F90.2 - ICD10 | Attention-deficit hyperactivity disorder, combined type | <input checked="" type="radio"/> | | ✕ |
| F41.1 - ICD10 | Generalized anxiety disorder | <input type="radio"/> | | ✕ |

Next



| | | | | |
|----------------------------------|----------------------------|-------------------------|--------------------------|---------------------------------|
| Patient Name Wickwarth, Randy | Subscriber ID 599S00128 | Status Not Submitted | Created by test, test | Request Tracking ID 50024210 |
|----------------------------------|----------------------------|-------------------------|--------------------------|---------------------------------|

- 1
Patient Details
- 2
Service Details
- 3
Provider Details
- 4
Request Summary
- 5
Clinical Details
- Case Overview



Diagnosis

Services

* Required Fields i More Information

| Place of Service | Type of Service | Procedure Code(s) | Description |
|------------------|-----------------|----------------------|----------------------|
| ▼ Office | Professional | <input type="text"/> | <input type="text"/> |

| Service From * | Service To * | Quantity * | Per Every | Duration | Total |
|----------------|--------------|------------|---------------------------------|------------------------|------------------------|
| Requested | 08/24/2022 | 02/20/2023 | <input type="text"/> Select C ▼ | <input type="text"/> ▼ | <input type="text"/> ▼ |

Add Service

| Place of Service | Type of Service | Procedure Code(s) | Description | Primary |
|------------------|-----------------|-------------------|-------------|---------|
| | | | | |

Previous
Next

Diagnosis **Services**






* Required Fields
 i [More Information](#)

| Place of Service | Type of Service | Procedure Code(s) | Description |
|------------------|-----------------|-------------------|---|
| Office | Professional | 96136 CPT | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes |

| | Service From * | Service To * | Quantity * | Per Every | Duration | Total |
|-----------|----------------|--------------|------------|-----------|----------|-------|
| Requested | 08/24/2022 | 02/20/2023 | 1 Unit(s) | | | 1 |

[Add Service](#)

| Place of Service | Type of Service | Procedure Code(s) | Description | Primary |
|------------------|-----------------|-------------------|--|---------|
| Office | Professional | 96130 CPT | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test | ✕ |

[Previous](#) [Next](#)

Diagnosis

Services



* Required Fields [More Information](#)

| Place of Service | Type of Service | Procedure Code(s) | Description |
|------------------|-----------------|----------------------|----------------------|
| Office | Professional | <input type="text"/> | <input type="text"/> |

| Requested | Service From * | Service To * | Quantity * | Per Every | Duration | Total |
|-----------|----------------|--------------|---|----------------------|----------------------|----------------------|
| | 08/24/2022 | 02/20/2023 | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Add Service

| Place of Service | Type of Service | Procedure Code(s) | Description | Primary |
|------------------|-----------------|-------------------|---|---------|
| Office | Professional | 96131 CPT | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test | X |
| Office | Professional | 96137 CPT | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 | X |
| Office | Professional | 96136 CPT | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes | X |
| Office | Professional | 96130 CPT | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test | X |



My Organization's Requests



Create New Request



Check Case Status



Check Appeal Status

Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
Not Submitted

Created by
test, test

Request Tracking ID
50024211

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

○

Case Overview

* Required Fields



More Information



Add from Favorites or Search for Provider

Add Requesting Provider



Add Servicing Provider



Next

[Terms of Use & Privacy Disclaimer](#)

Search

Close X

Practitioner Provider Group Facility

Provider ID Type

Provider ID

Provider ID ▾

01000117

or search by Demographics

Last Name *

First Name *

City

State *

Zip Code

Select Sta ▾

full city name has to be exact match

5 digits only

Clear

Search

⏪ ⏩ | Page of 1 | View Results

Displaying 1 to 3 of 3 Requests Found

| Name | NPI | Tax ID | Specialty | Address | Telephone | Provider ID | Network | |
|-----------------------|------------|-----------|------------|--|----------------|-------------|------------|-----|
| Arrington, Gertrude B | 1487697124 | XXXXX0574 | Pediatrics | 1720 Phoenix Blvd Ste 200 , College Park , GA , 303495597 | (770) 909-8007 | 01000117 | In-network | ★ + |
| Arrington, Gertrude B | 1487697124 | XXXXX0574 | Pediatrics | 1720 Phoenix Blvd , Ste 600 , College Park , GA , 303495596 | (770) 907-8007 | 01000117 | In-network | ★ + |
| Arrington, Gertrude B | 1487697124 | XXXXX0574 | Pediatrics | 1720 Phoenix Blvd , Ste 200 , Atlanta , GA , 303495597 | (770) 909-8007 | 01000117 | In-network | ★ + |

Please select the Provider's primary address or If you are unable to locate your Provider [click here](#) to manually enter the information

- 1
Patient Details
- 2
Service Details
- 3
Provider Details
- 4
Request Summary
- 5
Clinical Details
- Case Overview



* Required Fields More Information

Add from Favorites or Search for Provider

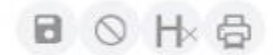
▼ Requesting Provider

| | | | | |
|---|-----------------------------|---|---|---|
| Provider Type | Last Name | First Name | Speciality | |
| Practitioner | Arrington | Gertrude B | Pediatrics | |
| NPI | Provider ID | | | |
| 1487697124 | 01000117 | | | |
| Address 1 | Address 2 | City | State | Zipcode |
| 1720 Phoenix Blvd Ste 200 | | College Park | GA | 303495597 |
| Country | | | | |
| United States | | | | |
| Contact Last Name * | Contact First Name * | Contact Telephone * | Ext | Fax Number |
| <input type="text"/> | <input type="text"/> | <input type="text" value="(770) 909-8007"/> | <input type="text"/> | <input type="text" value="(NNN) NNN-NNNN"/> |
| Please edit this telephone number if the populated number is not accurate | | | By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI. | |

Email Address Please add your e-mail address if you want to receive e-mail notification.

* Required Fields

 More Information



Add from Favorites or Search for Provider

Requesting Provider



Provider Type

Practitioner

Last Name

Arrington

First Name

Gertrude B

Speciality

Pediatrics

NPI

1487697124

Provider ID

01000117

Address 1

1720 Phoenix Blvd Ste 200

Address 2

City

College Park

State

GA

Zipcode

303495597

Country

United States

Contact Last Name *

Contact First Name *

Contact Telephone *

(770) 909-8007

Please edit this telephone number if the populated number is not accurate

Ext

Fax Number

(NNN) NNN-NNNN

By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI.

Email Address Please add your e-mail address if you want to receive e-mail notification.

Add Email

Please note, the email notification will only reference the case tracking number and not the specific member details

Add Servicing Provider

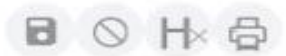
Same as Requesting Provider



Next

* Required Fields

 More Information



Add from Favorites or Search for Provider

▼ Requesting Provider



Provider Type

Practitioner

Last Name

Arrington

First Name

Gertrude B

Speciality

Pediatrics

NPI

1487697124

Provider ID

01000117

Address 1

1720 Phoenix Blvd Ste 200

Address 2

City

College Park

State

GA

Zipcode

303495597

Country

United States

Contact Last Name *

Larry

Contact First Name *

Dennis

Contact Telephone *

(770) 909-8007

Ext

Fax Number

(111) 222-3333

Please edit this telephone number if the populated number is not accurate.

By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI.

Email Address Please add your e-mail address if you want to receive e-mail notification.

GeorgiaProvider@gmail.com

Add Email

Please note, the email notification will only reference the case tracking number and not the specific member details

▼ Servicing Provider

Same as Requesting Provider



Provider Type

Practitioner

Last Name

Arrington

First Name

Gertrude B

Speciality

Pediatrics

Country

United States

Contact Last Name *

Larry

Contact First Name *

Dennis

Contact Telephone *

(770) 909-8007

*Please edit this telephone number if the populated number is not accurate***Ext****Fax Number**

(111) 222-3333

*By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI.***Email Address Please add your e-mail address if you want to receive e-mail notification.**

GeorgiaProvider@gmail.com

Add Email*Please note, the email notification will only reference the case tracking number and not the specific member details*▼ **Servicing Provider** **Same as Requesting Provider****Provider Type**

Practitioner

Last Name

Arrington

First Name

Gertrude B

Speciality

Pediatrics

NPI

1487697124

Provider Id

01000117

Address 1

1720 Phoenix Blvd Ste 200

Address 2**City**

College Park

State

GA

Zipcode

303495597

Country

United States

Contact Telephone

(770) 909-8007

Ext**Fax Number**

(111) 222-3333

*By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI***Next**



| | | | | |
|----------------------------------|----------------------------|-------------------------|--------------------------|---------------------------------|
| Patient Name Wickwarth, Randy | Subscriber ID 599S00128 | Status Not Submitted | Created by test, test | Request Tracking ID 50024211 |
|----------------------------------|----------------------------|-------------------------|--------------------------|---------------------------------|

| | | | | | |
|-----------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|--|
| 1 Patient Details | 2 Service Details | 3 Provider Details | 4 Request Summary | 5 Clinical Details | <input type="radio"/> Case Overview |
|-----------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|--|

One or more of your procedure codes requires pre-certification.



Services

| Place of Service | Type of Service | Procedure Code(s) | Description | Type of Review Required |
|------------------|-----------------|-------------------|---|----------------------------|
| Office | Professional | 96130 | Psychological testing evaluation services by physician or other qualified health care professional, | Pre-certification required |
| Office | Professional | 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified | Pre-certification required |
| Office | Professional | 96137 | Psychological or neuropsychological test administration and scoring by physician or other qualified | Pre-certification required |
| Office | Professional | 96131 | Psychological testing evaluation services by physician or other qualified health care professional, | Pre-certification required |

NEXT

Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
Not Submitted

Created by
test, test

Request Tracking ID
50024211

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

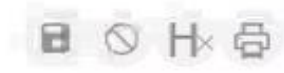
5

Clinical Details

Case Overview

Required Fields

Information Tool Tip



Based on the code 96130,96131,96136,96137 requested, please complete the provider form by checking all clinical that applies to this request. If the Guideline on this form does not apply to the request, please enter clinical information in the clinical notes section. In order to submit a request, clinical information must be entered. An immediate decision or faster review may result from the use of this form. Please read all the rows on the form and check all clinical statements that are true and accurate for this member.

Skip Form

Reminder: Do not enter/upload session notes for Behavioral Health Treatment

REQUEST FOR AUTHORIZATION: PSYCHOLOGICAL TESTING

It should be noted that formal psychological testing is neither clinically indicated for routine screening or assessment of behavioral health disorders nor indicated for the administration of brief behavioral rating scales and inventories. Such scales and inventories are an expected part of a routine and complete diagnostic assessment.

Please note that requests for placement purposes and forensic purposes are not covered benefits. Requests for educational testing or learning disabilities assessments for educational purposes should be referred to the public school system. Other than in exceptional cases, a diagnostic interview and relevant rating scales should be completed by the psychologist prior to submission of requests for psychological testing prior authorization.

Providers who submit psychological testing prior authorization requests that meeting the following criteria, will be eligible to receive up to 6 hours of testing, as described below.

Eligibility criteria:

1. Member must not have had previous psychological testing in the last 24 months.
2. Provider must list the test batteries to meet the service description for psychological testing. The test batteries cannot be only rating scales or screening tools.
3. Testing must be recommended by a licensed physician, psychiatrist, psychologist, or therapist that has personally evaluated the member.

Provider acknowledges that the following statements are TRUE:

The provider affirms that a comprehensive clinical interview with the patient and family member or guardian, as applicable, has been performed within the past six (6) months. This includes a structured developmental and social history, patient psychiatric and medical history as well as obtaining a family history pertinent to testing request.

- The provider affirms that a comprehensive clinical interview with the patient and family member or guardian, as applicable, has been performed within the past six (6) months. This includes a structured developmental and social history, patient psychiatric and medical history as well as obtaining a family history pertinent to testing request.
- The provider affirms that a direct observation of the patient and/or parent-child interaction occurred. Provider notes the presence of functional impairment with patient and/or patient report of internal distress.
- The provider affirms that at least one rating scale or screener, appropriate to diagnostic concern, was administered to patient or caregiver and that results did not assist with diagnostic clarity.
- The provider affirms that a case specific question has been formulated and what actions will be taken or how the patient's treatment plan will be affected by the test results.
- The provider affirms that he/she has either reviewed the patient's medical records, consulted with the patient's physician and/or that the patient has had a recent medical evaluation.
- The provider affirms that any existing medical condition, substance use, psychotic features or recent trauma do not contraindicate testing.
- If the patient is, or has participated, in mental health treatment, the provider affirms that he/she has either reviewed the patient's clinical records or consulted with the patient's psychiatrist, psychologist, and/or therapist.
- If the patient is currently in mental health treatment, the provider affirms that there has been a lack of expected progress in evidence-based psychiatric or mental health treatment.

Provider acknowledges that the purpose of testing is NOT for the following:

- The provider affirms that this request for psychological testing is not for the purpose of adoption, obtaining placement, or for obtaining services/program admission.
- The provider affirms that the request is not for the re-determination of autism.
- The provider affirms that the request is not for educational purposes and/or academic planning.
- The provider affirms that the request is not for a medical or pre-surgical intervention.
- The provider affirms that the request is not for behavioral prediction for judicial or correctional purposes.
- The provider affirms that the request is not for detection of malingering for disability adjudication or forensic purposes.

Please note that this process is for psychological testing (PT) and does not include neuropsychological testing (NPT) which must go through the full pre-authorization process. The following hours will be authorized, if the above criteria are met, unless requesting provider requests an alternative set of CPT codes:

The 6-hrs are to be applied as follows but not to exceed a total of 9 units/6 hrs. The test names/service descriptions must be provided along with the submitted codes/units requested:

96130-1 unit, 96131-2 units (not to exceed 3 units)

96136-1 unit and/or 96138-1 unit (not to exceed 2 units)

96137-1-5 units and/or 96139-1-5 units (not to exceed 5 units)

Psychological tests and services requested:

| Test Names/Service Descriptions | CPT code(s) | Units requested |
|---------------------------------|-------------|-----------------|
| | | |
| | | |
| | | |
| | | |

Reminder: Do not enter/upload session notes for Behavioral Health Treatment

REQUEST FOR AUTHORIZATION: PSYCHOLOGICAL TESTING

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2. Provider must list the test batteries to meet the service description for psychological testing. The test batteries cannot be only rating scales or screening tools.
3. Testing must be recommended by a licensed physician, psychiatrist, psychologist, or therapist that has personally evaluated the member.

Provider acknowledges that the following statements are TRUE:

- The provider affirms that a comprehensive clinical interview with the patient and family member or guardian, as applicable, has been performed within the past six (6) months. This includes a structured developmental and social history, patient psychiatric and medical history as well as obtaining a family history pertinent to testing request.
- The provider affirms that a direct observation of the patient and/or parent-child interaction occurred. Provider notes the presence of functional impairment with patient and/or patient report of internal distress.
- The provider affirms that at least one rating scale or screener, appropriate to diagnostic concern, was administered to patient or caregiver and that results did not assist with diagnostic clarity.
- The provider affirms that a case specific question has been formulated and what actions will be taken or how the patient's treatment plan will be affected by the test results.
- The provider affirms that he/she has either reviewed the patient's medical records, consulted with the patient's physician and/or that the patient has had a recent medical evaluation.
- The provider affirms that any existing medical condition, substance use, psychotic features or recent trauma do not contraindicate testing.
- If the patient is, or has participated, in mental health treatment, the provider affirms that he/she has either reviewed the patient's clinical records or consulted with the patient's psychiatrist, psychologist, and/or therapist.
- If the patient is currently in mental health treatment, the provider affirms that there has been a lack of expected progress in evidence-based psychiatric or mental health treatment.

Provider acknowledges that the purpose of testing is NOT for the following:

- The provider affirms that this request for psychological testing is not for the purpose of adoption, obtaining placement, or for obtaining services/program admission.
- The provider affirms that the request is not for the re-determination of autism.
- The provider affirms that the request is not for educational purposes and/or academic planning.
- The provider affirms that the request is not for a medical or pre-surgical intervention.
- The provider affirms that the request is not for behavioral prediction for judicial or correctional purposes.
- The provider affirms that the request is not for detection of malingering for disability adjudication or forensic purposes.

The provider affirms that the request is not for educational purposes and/or academic planning

The provider affirms that the request is not for a medical or pre-surgical intervention.

The provider affirms that the request is not for behavioral prediction for judicial or correctional purposes.

The provider affirms that the request is not for detection of malingering for disability adjudication or forensic purposes.

Please note that this process is for psychological testing (PT) and does not include neuropsychological testing (NPT) which must go through the full pre-authorization process. The following hours will be authorized, if the above criteria are met, unless requesting provider requests an alternative set of CPT codes:

The 6-hrs are to be applied as follows but not to exceed a total of 9 units/6 hrs. The test names/service descriptions must be provided along with the submitted codes/units requested:

96130-1 unit, 96131-2 units (not to exceed 3 units)

96136-1 unit and/or 96138-1 unit (not to exceed 2 units)

96137-1-5 units and/or 96139-1-5 units (not to exceed 5 units)

Psychological tests and services requested:

| Test Names/Service Descriptions | CPT code(s) | Units requested |
|---------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total Units Requested Total Time Requested

Disclaimer *

I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form.

By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request

Skip Form

Next

- The provider affirms that the request is not for educational purposes and/or academic planning.
- The provider affirms that the request is not for a medical or pre-surgical intervention.
- The provider affirms that the request is not for behavioral prediction for judicial or correctional purposes.
- The provider affirms that the request is not for detection of malingering for disability adjudication or forensic purposes.

Please note that this process is for psychological testing (PT) and does not include neuropsychological testing (NPT) which must go through the full pre-authorization process. The following hours will be authorized, if the above criteria are met, unless requesting provider requests an alternative set of CPT codes:

The 6-hrs are to be applied as follows but not to exceed a total of 9 units/6 hrs. The test names/service descriptions must be provided along with the submitted codes/units requested:

96130-1 unit, 96131-2 units (not to exceed 3 units)

96136-1 unit and/or 96138-1 unit (not to exceed 2 units)

96137-1-5 units and/or 96139-1-5 units (not to exceed 5 units)

Psychological tests and services requested:

| Test Names/Service Descriptions | CPT code(s) | Units requested |
|--------------------------------------|-------------|-----------------|
| Test Interpretation, Write Report | 96130 | 1 |
| Feedback | 96131 | 1 |
| WAIS IV | 96136 | 1 |
| MMPI, Sentence Completion, Rorschach | 96137 | 1 |
| | | |
| | | |

Total Units Requested Total Time Requested

Disclaimer *

- I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form.

By submitting this request you are confirming that the information you have provided on this form is accurate and complete based on your clinical assessment of the patient and the records available to you as of the date of this request

[Skip Form](#) [Next](#)

Please note that this process is for psychological testing (PT) and does not include neuropsychological testing (NPT) which must go through the full pre-authorization process. The following hours will be authorized, if the above criteria are met, unless requesting provider requests an alternative set of CPT codes:

The 5-hrs are to be applied as follows but not to exceed a total of 9 units/6 hrs. The test names/service descriptions must be provided along with the submitted codes/units requested:

96130-1 unit, 96131-2 units (not to exceed 3 units)

96136-1 unit and/or 96138-1 unit (not to exceed 2 units)

96137-1-5 units and/or 96139-1-5 units (not to exceed 5 units)

Psychological tests and services requested:

Test Names/Service Descriptions

CPT code(s)

Units requested

Test Interpretation, Write Report

Feedback

WAIS IV

MMPI, Sentence Completion, Rorschach

Skip Form

Close X

Skipping this form would mandate clinical attachment. Do you want to skip the form?

Yes

No

Total Units Requested

4

Total Time Requested

3 Hours

Disclaimer *

Recommended Clinical Information

In order not to delay the clinical review on the request, please provide the following information:
(you can attach the clinical now or you can come back to provide the information later)

Select All

MD office notes and exam findings relative to this request

Patient History

Previously tried treatments and medications

Documentation of medical necessity for request of overnight stay

Labs results related to this request

Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above

Any information you feel would support this request

Attachments, Images and Photos

Reminder: Do not enter/upload session notes for Behavioral Health Treatment

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Choose File

Max file size: 100MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

Clinical Notes

Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above

Any information you feel would support this request

Attachments, Images and Photos

Choose File

Reminder: Do not enter/upload session notes for Behavioral Health Treatment

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Max file size: 100MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

Clinical Notes

Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.

Add Note

Next

- Patient History
- Previously tried treatments and medications
- Documentation of medical necessity for request of overnight stay
- Labs results related to this request
- Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above
- Any information you feel would support this request

Attachments, Images and Photos

Reminder: Do not enter/upload session notes for Behavioral Health Treatment

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Choose File

Max file size: 100MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

Clinical Notes

Interview Notes, Observation Notes

Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.

Add Note

Next

Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above

Any information you feel would support this request

Attachments, Images and Photos

Choose File

Reminder: Do not enter/upload session notes for Behavioral Health Treatment

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Max file size: 100MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

Clinical Notes

Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.

Add Note

| Description | Type | Delete |
|---|---------------|--------|
| ▶ Notes Added on - August 24, 2022 - 11:37:51 AM - test, test | Clinical Note | ✕ |

Next

Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above

Any information you feel would support this request

Attachments, Images and Photos

Reminder: Do not enter/upload session notes for Behavioral Health Treatment

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Choose File

Max file size: 100MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

Clinical Notes

Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.

Add Note

| Description | Type | Delete |
|--|---------------|--------|
| ▶ Notes Added on - August 24, 2022 - 11:37:51 AM - test, test | Clinical Note | ✕ |
| Descriptors and crosswalks Oct 2018 (006).pdf - August 24, 2022 - 11:38:38 AM - test, test | Attachment | ✕ |

Next

For your convenience the below checklist is provided to track the documentation submitted. The list will remain on the request and can be updated as additional items are submitted.

Recommended Clinical Information

- MD office notes and exam findings relative to this request
- Patient History
- Previously tried treatments and medications
- Documentation of medical necessity for request of overnight stay
- Labs results related to this request
- Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above
- Any information you feel would support this request

Was this information helpful to you or your staff?:

- Yes
- No



Would you like an email reminder sent with these details?:

- Yes
- No

Okay

Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
Not Submitted

Created by
test, test

Request Tracking ID
50024211

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

○

Case Overview



Collapse All

Submit



Patient Details

| | | | |
|----------------------|-------------------------|-----------------------|------------------|
| Subscriber ID | Name | Patient Date of Birth | Gender |
| 599S00128 | Wickwarth, Randy | 11/11/1945 | Male |
| Eligibility Coverage | Coverage Period | Relationship | |
| Active Coverage | 01/01/2020 - 12/31/2030 | Self | |
| Group Number | Group Name | | |
| GAMCD000 | Georgia Medicaid | | |
| Service Date From | Service Date To | State Sold | Line of Business |
| 08/24/2022 | 02/20/2023 | GA | Medicaid |



Service Details

Request Type

Case Type

Service Date

▼ **Service Details**

| | | |
|-----------------------------------|--|--|
| Request Type Outpatient | Case Type Psychiatric | Service Date 08/24/2022 - 02/20/2023 |
| Place of Service Office | Type of Service Professional | Level of Service Elective |

Diagnosis

| Dx Code(s) | Description | Primary |
|------------|---|----------------------------------|
| F90.2 | Attention-deficit hyperactivity disorder, combined type | <input checked="" type="radio"/> |

Services

| Place Of Service | Type Of Service | Service | Description |
|------------------|-----------------|-----------|---|
| ▶ Office | Professional | 96131 CPT | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test |
| ▶ Office | Professional | 96137 CPT | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 |
| ▶ Office | Professional | 96136 CPT | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes |
| ▶ Office | Professional | 96130 CPT | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test |

▼ **Provider Details**

▼ **Requesting Provider**

| Provider Type | Last Name | First Name | Speciality |
|---------------|-----------|------------|------------|
|---------------|-----------|------------|------------|

▼ Provider Details

▼ Requesting Provider

| | | | | |
|---------------------------|--------------------|-------------------|------------|----------------|
| Provider Type | Last Name | First Name | Speciality | |
| Practitioner | Arrington | Gertrude B | Pediatrics | |
| NPI | Provider ID | | | |
| 1487697124 | 01000117 | | | |
| Address 1 | Address 2 | City | State | Zipcode |
| 1720 Phoenix Blvd Ste 200 | | College Park | GA | 303495597 |
| | | Country | | |
| | | United States | | |
| Contact Last Name | Contact First Name | Contact Telephone | Ext | Fax Number |
| Larry | Dennis | (770) 909-8007 | | (111) 222-3333 |

▼ Clinical Details

Clinical Details Notes, Attachments, Images and Photos

| | |
|--|---------------|
| ▶ Notes Added on - August 24, 2022 - 11:37:51 AM - test, test | Clinical Note |
| Descriptors and crosswalks Oct 2018 (006).pdf - - August 24, 2022 - 11:38:38 AM - test, test | Attachment |

Recommended Clinical Information

- MD office notes and exam findings relative to this request
- Patient History
- Previously tried treatments and medications
- Documentation of medical necessity for request of overnight stay

1487697124

01000117

Address 1

1720 Phoenix Blvd Ste 200

Address 2

City

College Park

State

GA

Zipcode

303495597

Country

United States

Contact Last Name

Larry

Contact First Name

Dennis

Contact Telephone

(770) 909-8007

Ext

Fax Number

(111) 222-3333

Clinical Details

Clinical Details Notes, Attachments, Images and Photos

| | |
|--|---------------|
| ▶ Notes Added on - August 24, 2022 - 11:37:51 AM - test, test | Clinical Note |
| Descriptors and crosswalks Oct 2018 (006).pdf - - August 24, 2022 - 11:38:38 AM - test, test | Attachment |

Recommended Clinical Information

- MD office notes and exam findings relative to this request
- Patient History
- Previously tried treatments and medications
- Documentation of medical necessity for request of overnight stay
- Labs results related to this request
- Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above
- Any information you feel would support this request

Interactive Care Reviewer

 Welcome, test test [Logout](#) [Quick Links](#) [Contact Us](#)

[My Organization's Requests](#)

[Create New Request](#)

[Check Case Status](#)

[Check Appeal Status](#)

 Thank you for submitting the request. Please note the Request Tracking ID 50024211 All Servicing providers must be appropriately licensed. . To create a similar case for new member,Please [Click here](#)

Page 1 of 28 | View Results 20 | Displaying 1 to 20 of 556 Requests Found



| Request Tracking ID | Reference Number | Status | Patient Name | Service Date Range | Request Type | Line of Business | State Sold | Requesting Provider NPI | Submit Date | Created By | Updated Date | Updated By |
|---------------------|------------------|--------------------|-------------------|-------------------------|--------------|------------------|------------|-------------------------|------------------------|------------|------------------------|------------|
| 50024211 | UM52226318 | Review In Progress | Wickwarth, Randy | 08/24/2022 - 02/20/2023 | Outpatient | Medicaid | GA | 1487697124 | 2022-08-24 11:42:42 AM | test, test | 2022-08-24 11:42:43 AM | test, test |
| 50024212 | UM52226317 | Review In Progress | Deighton, Emeline | 09/26/2022 - 09/26/2022 | Outpatient | Medicaid | LA | 1427042175 | 2022-08-24 11:40:36 AM | test, test | 2022-08-24 11:40:37 AM | test, test |
| 473633 | UM52226314 | See Details | SHOWLER, RICHARD | 08/24/2022 - 08/25/2022 | Inpatient | FEP | AE | 1356781207 | 2022-08-24 11:29:20 AM | test, test | 2022-08-24 11:29:33 AM | System |
| 50024210 | | Not Submitted | Wickwarth, Randy | 08/24/2022 - 02/20/2023 | Outpatient | Medicaid | GA | | | test, test | 2022-08-24 11:05:38 AM | test, test |

NEUROPSYCHOLOGICAL TESTING REQUEST

The Subscriber ID is required, accompanied by at least one additional piece of identifying information. The Patient Date of Birth is recommended.

Required Fields *

 Profiles

Case Details

Request Type *

Outpatient

Case Type *

Medical

Service From *

08/24/2022

Service To *

02/23/2023

Expected date of service or Earliest anticipated date the service will be performed

Patient Details

Subscriber ID *

599S00128

ID must be entered exactly as it appears on the members ID card

Birth Date

11/11/1945

For best results enter Date of Birth instead of Patient first name or last name

Last Name(Optional)

|

First Name(Optional)

FIND PATIENT



My Organization's Requests



Create New Request



Check Case Status



Check Appeal Status

Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
Not Submitted

Created by
test, test

Request Tracking ID
50024216

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

○

Case Overview



Patient Details

Subscriber ID 599S00128

Name Wickwarth, Randy

Date of Birth 11/11/1945

Gender Male

Relationship Self

Coverage

Eligibility Coverage Active Coverage

Coverage Period 01/01/2020 - 12/31/2030

Group Number GAMCD000

Group Name Georgia Medicaid

Line of Business Medicaid

State Sold GA

Case Details

Request Type Outpatient

Case Type Medical

Service Date From 08/24/2022

Service Date To 02/23/2023

BACK

CONFIRM PATIENT

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

○

Case Overview

Diagnosis

Services



* Required Fields

More Information

Request Type

Outpatient

Case Type

Medical

Service Date

08/24/2022 - 02/23/2023

Place of Service *

Select One

Type of Service *

Select One

Level of Service *

Select One

Diagnosis Code(s) *

Diagnosis Description



Add Diagnosis Code

Diagnosis Code(s)

Description

Primary

Next

- 1 Patient Details
- 2 **Service Details**
- 3 Provider Details
- 4 Request Summary
- 5 Clinical Details
- Case Overview

Diagnosis **Services**



* Required Fields [i More Information](#)

| | | |
|-------------------------------------|--|--|
| Request Type Outpatient | Case Type Medical | Service Date 08/24/2022 - 02/23/2023 |
| Place of Service * Office | Type of Service * Medical Care | Level of Service * Elective |

Diagnosis Code(s) * **Diagnosis Description**

Add Diagnosis Code

| Diagnosis Code(s) | Description | Primary |
|-------------------|---------------|------------------------------------|
| R41.3 - ICD10 | Other amnesia | <input checked="" type="radio"/> X |

Next

Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
Not Submitted

Created by
test, test

Request Tracking ID
50024216

1
Patient Details

2
Service Details

3
Provider Details

4
Request Summary

5
Clinical Details

Case Overview

Diagnosis

Services



* Required Fields

[More Information](#)

| Place of Service | Type of Service | Procedure Code(s) | Description | Service From * | Service To * | Quantity * | Total |
|------------------|-----------------|----------------------|----------------------|----------------|--------------|------------|---|
| Office | Medical Care | <input type="text"/> | <input type="text"/> | Requested | 08/24/2022 | 02/23/2023 | <input type="text"/> <input type="text"/> |

Add Service

Place of Service

Type of Service

Procedure Code(s)

Description

Primary

Previous

Next



* Required Fields

[More Information](#)

| Place of Service | Type of Service | Procedure Code(s) | Description |
|------------------|-----------------|----------------------|----------------------|
| Office | Medical Care | <input type="text"/> | <input type="text"/> |

| Requested | Service From * | Service To * | Quantity * | Total |
|-----------|----------------|--------------|----------------------|------------|
| | 08/24/2022 | 02/23/2023 | <input type="text"/> | Select One |

[Add Service](#)


| Place of Service | Type of Service | Procedure Code(s) | Description | Primary |
|------------------|-----------------|-------------------|---|---------|
| Office | Medical Care | 96137 CPT | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 | X |
| Office | Medical Care | 96136 CPT | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes | X |
| Office | Medical Care | 96133 CPT | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized | X |
| Office | Medical Care | 96132 CPT | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized | X |

[Previous](#) [Next](#)

 My Organization's Requests

 Create New Request

 Check Case Status

 Check Appeal Status

Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
Not Submitted

Created by
test, test

Request Tracking ID
50024216

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

○

Case Overview

* Required Fields

 More Information



Add from Favorites or Search for Provider

Add Requesting Provider



Add Servicing Provider



Next

Practitioner Provider Group Facility

Provider ID Type

Provider ID

Provider ID

01000130

or search by Demographics

Last Name *

First Name *

City

State *

Zip Code

Select Sta

full city name has to be exact match

5 digits only

Clear

Search

Page 1 of 1 | View Results 25

Displaying 1 to 4 of 4 Requests Found

| Name | NPI | Tax ID | Specialty | Address | Telephone | Provider ID | Network | |
|--------------|------------|-----------|------------|--|----------------|-------------|------------|---|
| Dix, Barry R | 1184686867 | XXXXX8058 | Cardiology | 6507 Professional Pl , Riverdale , GA , 302744941 | (770) 991-2100 | 01000130 | In-network |   |
| Dix, Barry R | 1184686867 | XXXXX8058 | Cardiology | 4899 Bill Gardner Pkwy , Ste 200 , Locust Grove , GA , 302483644 | (770) 914-0266 | 01000130 | In-network |   |
| Dix, Barry R | 1184686867 | XXXXX8058 | Cardiology | 115 Sumner Rd , Fayetteville , GA , 302144758 | (404) 251-2850 | 01000130 | In-network |   |
| Dix, Barry R | 1184686867 | XXXXX8058 | Cardiology | 1050 Eagles Landing Pkwy , Ste 101 , Stockbridge , GA , 302819019 | (404) 251-2850 | 01000130 | In-network |   |

Please select the Provider's primary address or If you are unable to locate your Provider [click here](#) to manually enter the information

Search

Close 

Practitioner Provider Group Facility

Provider ID Type

Provider ID

Provider ID 

01000117

or search by Demographics

Last Name *

First Name *

City

State *

Zip Code

Select Sta 

full city name has to be exact match

5 digits only

Clear

Search

Page 1 of 1 | View Results 25

Displaying 1 to 3 of 3 Requests Found

| Name | NPI | Tax ID | Specialty | Address | Telephone | Provider ID | Network | |
|-----------------------|------------|-----------|------------|--|----------------|-------------|------------|---|
| Arrington, Gertrude B | 1487697124 | XXXXX0574 | Pediatrics | 1720 Phoenix Blvd Ste 200 , College Park , GA , 303495597 | (770) 909-8007 | 01000117 | In-network |   |
| Arrington, Gertrude B | 1487697124 | XXXXX0574 | Pediatrics | 1720 Phoenix Blvd , Ste 600 , College Park , GA , 303495596 | (770) 907-8007 | 01000117 | In-network |   |
| Arrington, Gertrude B | 1487697124 | XXXXX0574 | Pediatrics | 1720 Phoenix Blvd , Ste 200 , Atlanta , GA , 303495597 | (770) 909-8007 | 01000117 | In-network |   |

Please select the Provider's primary address or If you are unable to locate your Provider [click here](#) to manually enter the information

Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
Not Submitted

Created by
test, test

Request Tracking ID
50024216

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

○

Case Overview

* Required Fields

[More Information](#)

Add from Favorites or Search for Provider

Requesting Provider



Provider Type
Practitioner

Last Name
Arrington

First Name
Gertrude B

Speciality
Pediatrics

NPI
1487697124

Provider ID
01000117

Address 1
1720 Phoenix Blvd Ste 200

Address 2

City
College Park

State
GA

Zipcode
303495597

Country
United States

Contact Last Name *
Larry

Contact First Name *
Dennis

Contact Telephone *
(770) 909-8007

Ext

Fax Number
(111) 222-3333

Please edit this telephone number if the populated number is not accurate

By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine

Country

United States

Contact Last Name *

Larry

Contact First Name *

Dennis

Contact Telephone *

(770) 909-8007

Please edit this telephone number if the populated number is not accurate

Ext

Fax Number

(111) 222-3333

By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI.

Email Address Please add your e-mail address if you want to receive e-mail notification.

PeachtreeState@yahoo.com

Add Email

Please note, the email notification will only reference the case tracking number and not the specific member details

▼ Servicing Provider

Same as Requesting Provider



Provider Type

Practitioner

Last Name

Arrington

First Name

Gertrude B

Speciality

Pediatrics

NPI

1487697124

Provider Id

01000117

Address 1

1720 Phoenix Blvd Ste 200

Address 2

City

College Park

State

GA

Zipcode

303495597

Country

United States

Contact Telephone

(770) 909-8007

Ext

Fax Number

(111) 222-3333

By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI

Next

Country

United States

Contact Last Name *

Larry

Contact First Name *

Dennis

Contact Telephone *

(770) 909-8007

*Please edit this telephone number if the populated number is not accurate***Ext****Fax Number**

(111) 222-3333

*By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI.***Email Address Please add your e-mail address if you want to receive e-mail notification.**

PeachtreeState@yahoo.com

Add Email*Please note, the email notification will only reference the case tracking number and not the specific member details*▼ **Servicing Provider** Same as Requesting Provider**Provider Type**

Practitioner

Last Name

Arrington

First Name

Gertrude B

Speciality

Pediatrics

NPI

1487697124

Provider Id

01000117

Address 1

1720 Phoenix Blvd Ste 200

Address 2**City**

College Park

State

GA

Zipcode

303495597

Country

United States

Contact Telephone

(770) 909-8007

Ext**Fax Number**

(111) 222-3333

*By inputting a fax number above, you agree to accept Personal Health Information (PHI), including decision letters (if applicable), at this fax number. Please insure fax machine is secure to receive PHI***Next**



My Organization's Requests



Create New Request



Check Case Status



Check Appeal Status

Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
Not Submitted

Created by
test, test

Request Tracking ID
50024216

1

Patient Details

2

Service Details

3

Provider Details

4

Request Summary

5

Clinical Details

○

Case Overview

One or more of your procedure codes requires pre-certification.



Services

| Place of Service | Type of Service | Procedure Code(s) | Description | Type of Review Required |
|------------------|-----------------|-------------------|--|----------------------------|
| Office | Medical Care | 96132 | Neuropsychological testing evaluation services by physician or other qualified health care professio | Pre-certification required |
| Office | Medical Care | 96133 | Neuropsychological testing evaluation services by physician or other qualified health care professio | Pre-certification required |
| Office | Medical Care | 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified | Pre-certification required |
| Office | Medical Care | 96137 | Psychological or neuropsychological test administration and scoring by physician or other qualified | Pre-certification required |

NEXT



Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
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Created by
test, test

Request Tracking ID
50024216

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Case Overview

Required Fields

Information Tool Tip



Based on the code 96133,96132 requested, please complete the provider form by checking all clinical that applies to this request. If the Guideline on this form does not apply to the request, please enter clinical information in the clinical notes section. In order to submit a request, clinical information must be entered. An immediate decision or faster review may result from the use of this form. Please read all the rows on the form and check all clinical statements that are true and accurate for this member.

Skip Form

NeuroPsych Testing

Patient Name

Wickwarth, Randy

Patient Unique ID

599S00128

Patient Date of Birth

11/11/1945

Person or agency who made the original request for testing *

Psychologist Therapist Court Psychiatrist Other Physician Parent School Counselor Teacher

If PCP/Medical Specialist, specify

If School Staff, Specify

If Other, specify

Testing Provider

Name *

Degree *

Are you a participating provider? *

Yes No

Are you licensed to perform psychological testing? *

Testing Provider

Name *

Degree *

Are you a participating provider? *

Yes No

Are you licensed to perform psychological testing? *

Yes No

Address

1720 Phoenix Blvd Ste 200, College Park,
GA, 303495597

Telephone

(770) 909-8007

Fax

(111) 222-3333

Email

Which of the following assessments have been completed? If any are checked, please include dates and summary in the assessments summary text box below: *

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Clinical interview with patient | <input type="checkbox"/> Psychiatric evaluation | <input type="checkbox"/> Neurobehavioral status exam (96116) | <input type="checkbox"/> Structured developmental & social history |
| <input type="checkbox"/> EEG | <input type="checkbox"/> Neurological exam | <input type="checkbox"/> Consultation with school/other important persons | <input type="checkbox"/> Medical Evaluation |
| <input type="checkbox"/> Consultation with patient's physician | <input type="checkbox"/> Brief inventories and/or rating scales | <input type="checkbox"/> Neuroimaging (CT/MRI/PET/ etc.) | <input type="checkbox"/> Review of medical records |
| <input type="checkbox"/> Review of academic records/IEP | <input type="checkbox"/> Interview with family member(s) | | |

Assessments Summary *

List all ICD-10 diagnoses under consideration. *

Please indicate if any of the following are relevant. If any are checked, please include dates and summary in the assessments summary text box below: *

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Encephalitis | <input type="checkbox"/> Epilepsy and cognitive impairment suspected or documented | <input type="checkbox"/> Multiple sclerosis and suspected/demonstrated cognitive impairment |
| <input type="checkbox"/> Anoxic/hypoxic brain injury | <input type="checkbox"/> CVA | <input type="checkbox"/> Psychosis | <input type="checkbox"/> Major Affective Disorder |
| <input type="checkbox"/> History of intracranial surgery | <input type="checkbox"/> Brain tumor in remission or with slow progression | <input type="checkbox"/> Neurosurgery planned for epilepsy control | <input type="checkbox"/> Head injury with loss of consciousness |

Enter the patient's substance abuse history to date or N/A *

List the medication(s) the patient is taking or indicate if 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

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? *

Has the patient had previous psychological or neuropsychological testing? If yes, please include details in Testing Summary area: *

Yes No

Testing Summary

Please list the CPT codes, units and tests/services you are requesting. For tests with multiple versions, specify which one. If you are administering selected subtests, please indicate which ones *

Skip Form

Next

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Wickwarth, Randy

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test, test

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○

Case Overview

Please upload attachments/images/photos in order to submit the request

Required Fields

Information Tool Tip 



Recommended Clinical Information

In order not to delay the clinical review on the request, please provide the following information:
(you can attach the clinical now or you can come back to provide the information later)

Select All

- Patient History
- MD office notes and exam findings relative to this request
- Previously tried treatments and medications
- Documentation of medical necessity for request of overnight stay
- MD orders
- H & P (Admitting)
- Labs results related to this request
- Medication sheets, graphics
- Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above
- Any information you feel would support this request

Attachments, Images and Photos

Choose File

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Max file size: 100MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

- MD orders
- H & P (Admitting)
- Labs results related to this request
- Medication sheets, graphics
- Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above
- Any information you feel would support this request

Attachments, Images and Photos

Choose File

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Max file size: 100MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

Clinical Notes

If you need to enter additional clinical information please do so below. Only pertinent clinical information for the request should be included in the clinical note.

Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.

Add Note

Next

Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above

Any information you feel would support this request

Attachments, Images and Photos

Choose File

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Max file size: 100MB. Allowed file types: jpeg/jpg, bmp, tiff, pdf, gif, doc, docx, xls, xlsx, txt

Clinical Notes

If you need to enter additional clinical information please do so below. Only pertinent clinical information for the request should be included in the clinical note.

Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.

Add Note

Description

Type

Delete

▶ Notes Added on - August 24, 2022 - 16:35:27 PM - test, test
[Descriptors and crosswalks Oct 2018 \(006\).pdf](#) - August 24, 2022 - 16:35:18 PM - test, test

Clinical Note

×

Attachment

×

Next

Patient Name
Wickwarth, Randy

Subscriber ID
599S00128

Status
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Created by
test, test

Request Tracking ID
50024216

1

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2

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3

Provider Details

4

Request Summary

5

Clinical Details

○

Case Overview



Collapse All

Submit

▼ Patient Details

| | | | |
|---|--|-------------------------------------|------------------------------|
| Subscriber ID 599S00128 | Name Wickwarth, Randy | Patient Date of Birth 11/11/1945 | Gender Male |
| Eligibility Coverage Active Coverage | Coverage Period 01/01/2020 - 12/31/2030 | Relationship Self | |
| Group Number GAMCD000 | Group Name Georgia Medicaid | | |
| Service Date From 08/24/2022 | Service Date To 02/23/2023 | State Sold GA | Line of Business Medicaid |

▼ Service Details

Request Type

Case Type

Service Date

Service Details

| | | |
|------------------|-----------------|-------------------------|
| Request Type | Case Type | Service Date |
| Outpatient | Medical | 08/24/2022 - 02/23/2023 |
| Place of Service | Type of Service | Level of Service |
| Office | Medical Care | Elective |

Diagnosis

| Dx Code(s) | Description | Primary |
|------------|---------------|----------------------------------|
| R41.3 | Other amnesia | <input checked="" type="radio"/> |

Services

| Place Of Service | Type Of Service | Service | Description |
|------------------|-----------------|-----------|---|
| ▶ Office | Medical Care | 96137 CPT | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 |
| ▶ Office | Medical Care | 96136 CPT | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes |
| ▶ Office | Medical Care | 96133 CPT | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized |
| ▶ Office | Medical Care | 96132 CPT | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized |

Provider Details

Requesting Provider

| Provider Type | Last Name | First Name | Speciality |
|---------------|-----------|------------|------------|
|---------------|-----------|------------|------------|

▼ Provider Details

▼ Requesting Provider

| | | | | |
|---------------------------|--------------------|-------------------|------------|----------------|
| Provider Type | Last Name | First Name | Speciality | |
| Practitioner | Arrington | Gertrude B | Pediatrics | |
| NPI | Provider ID | | | |
| 1487697124 | 01000117 | | | |
| Address 1 | Address 2 | City | State | Zipcode |
| 1720 Phoenix Blvd Ste 200 | | College Park | GA | 303495597 |
| | | Country | | |
| | | United States | | |
| Contact Last Name | Contact First Name | Contact Telephone | Ext | Fax Number |
| Larry | Dennis | (770) 909-8007 | | (111) 222-3333 |

▼ Clinical Details

Clinical Details Notes, Attachments, Images and Photos

- ▶ Notes Added on - August 24, 2022 - 16:35:27 PM - test, test Clinical Note
- [Descriptors and crosswalks Oct 2018 \(006\).pdf](#) - - August 24, 2022 - 16:35:18 PM - test, test Attachment

Recommended Clinical Information

- Patient History
- MD office notes and exam findings relative to this request
- Previously tried treatments and medications
- Documentation of medical necessity for request of overnight stay

| | | | | |
|---|-------------------------------------|--|--------------------|-------------------------------------|
| Address 1 1720 Phoenix Blvd Ste 200 | Address 2 | City College Park | State GA | Zipcode 303495597 |
| | | Country United States | | |
| Contact Last Name Larry | Contact First Name Dennis | Contact Telephone (770) 909-8007 | Ext | Fax Number (111) 222-3333 |

▼ **Clinical Details**

Clinical Details Notes, Attachments, Images and Photos

| | |
|--|---------------|
| ▶ Notes Added on - August 24, 2022 - 16:35:27 PM - test, test | Clinical Note |
| Descriptors and crosswalks Oct 2018 (006).pdf - - August 24, 2022 - 16:35:18 PM - test, test | Attachment |

Recommended Clinical Information

- Patient History
- MD office notes and exam findings relative to this request
- Previously tried treatments and medications
- Documentation of medical necessity for request of overnight stay
- MD orders
- H & P (Admitting)
- Labs results related to this request
- Medication sheets, graphics
- Reports from X-ray, MRIs or CT Scan, PET Scan, and other laboratory/imaging studies obtained relevant to the requested service as described above
- Any information you feel would support this request

Submit

Thank you for submitting the request. Please note the Request Tracking ID 50024216 . To create a similar case for new member,Please [Click here](#)

Page 1 of 28 View Results 20 Displaying 1 to 20 of 560 Requests Found



| Request Tracking ID | Reference Number | Status | Patient Name | Service Date Range | Request Type | Line of Business | State Sold | Requesting Provider NPI | Submit Date | Created By | Updated Date | Updated By |
|---------------------|------------------|--------------------|-------------------|-------------------------|--------------|------------------|------------|-------------------------|------------------------|------------|------------------------|------------|
| 50024216 | UM52226334 | Review In Progress | Wickwarth, Randy | 08/24/2022 - 02/23/2023 | Outpatient | Medicaid | GA | 1487697124 | 2022-08-24 04:39:05 PM | test, test | 2022-08-24 04:39:06 PM | test, test |
| 50024215 | | Not Submitted | LOGUE, PAULETTA | 08/24/2022 - 09/01/2022 | Outpatient | Medicaid | IN | 1528212164 | | test, test | 2022-08-24 03:38:44 PM | test, test |
| 473634 | | Not Submitted | ONESCEN, CARLA | 08/26/2022 - 08/31/2022 | Outpatient | National | CA | | | test, test | 2022-08-24 03:20:44 PM | test, test |
| 50024213 | UM52226323 | See Details | Hargess, Leupold | 08/24/2022 - 08/25/2022 | Inpatient | Medicaid | IN | 1275523722 | 2022-08-24 12:42:37 PM | test, test | 2022-08-24 12:42:50 PM | System |
| 50024211 | UM52226318 | Review In Progress | Wickwarth, Randy | 08/24/2022 - 02/20/2023 | Outpatient | Medicaid | GA | 1487697124 | 2022-08-24 11:42:42 AM | test, test | 2022-08-24 11:43:01 AM | System |
| 50024212 | UM52226317 | Review In Progress | Deighton, Emeline | 09/26/2022 - 09/26/2022 | Outpatient | Medicaid | LA | 1427042175 | 2022-08-24 11:40:36 AM | test, test | 2022-08-24 11:40:53 AM | System |
| 473633 | UM52226314 | See Details | SHOWLER, RICHARD | 08/24/2022 - 08/25/2022 | Inpatient | FEP | AE | 1356781207 | 2022-08-24 11:29:20 AM | test, test | 2022-08-24 11:29:33 AM | System |

FAQ

1. How long does it take on average to enter a request?
2. Why does it time out while I am completing the request?
3. Why doesn't it autosave as I am going through the process?
4. What do I do if Amerigroup Community Care request additional supporting clinical after I have submitted the request?
5. What do I do if I forgot to provide supporting clinical?
6. What if I accidentally skipped over the fast-track form? [If you have not yet completed the case overview you can select the Request Summary screen and go forward. The FT form will then reappear. Once you have reference number, you will not be able to go back and complete the FT template.](#)
7. How do I request an appeal for a denied case?



Questions



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH



Amerigroup
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in healthcare

<https://provider.amerigroup.com/GA>