Psychological or Neuropsychological Testing Authorization

Please complete this form for psychological and/or neuropsychological testing authorization **only if more than 6 hours of testing will be done**. (If the testing, including time for interpretation and report, will take 6 hours or less, it does not need to be authorized.) GEHA will notify you of our determination after reviewing the following information.

Today's date: _____

Patient name: _____ Phone: _____

ID number: _____ Date of birth: _____

Member address: _____

_____

Provider name/title: _____

Service address: _____

City, State: _____ Zip: _____

Tax ID: _____ NPI: _____

Phone: _____ Fax: _____

Person/Agency making initial request?

- ☐ Psychiatrist
- ☐ Other psychologist
- ☐ School staff (specify): _____
- ☐ Psychotherapist
- ☐ Parent
- ☐ PCP/Medical specialist: _____
- ☐ Testing psychologist
- ☐ Court
- ☐ Other: _____

Medical/psychological evaluation and treatments

1. Has the initial psychologist or Behavioral Health Professional completed an initial diagnostic evaluation?
   - ☐ Yes If yes, date of evaluation? _____
   - ☐ No
2. Has the patient had an evaluation by a psychiatrist?
   - ☐ Yes If yes, date of evaluation? _____
   - ☐ No
3. Has the patient had previous psych testing?
   - ☐ Yes If yes, date? _____ Focus? _____
   - ☐ No
4. Has the member had any substance abuse in the last 30 days?
   - ☐ Yes If yes, explain: _____
   - ☐ No

What clinical question needs to be answered by testing? _____

_____

_____

ICD-10 codes	Current or Provisional Diagnosis	Description

What are the current symptoms and/or functional impairments related to testing questions? _____

_____

_____

How would the results of testing affect the treatment plan? _____

_____

Number of hours of testing requested? _____

☐ Psychological testing ☐ Neuropsychological testing

CPT codes	Number of units	CPT codes	Number of units
☐ 96130 (only 1 hour allowed)		☐ 96137 – additional 30 min	
☐ 96131 – additional hours		☐ 96138 (only one unit of 30 min)	
☐ 96132 (only 1 hour allowed)		☐ 96139 – additional 30 min	
☐ 96133 – additional hours		☐ 96146 – only 1 unit allowed	
☐ 96136 (only one unit of 30 min)		☐ Other	

Has testing already been completed

☐ Yes If yes, when? _____

☐ No

Anticipated date(s) of service: _____

Preliminary list of tests you will attempt to complete? _____

_____

_____

_____

- Please send any supportive clinical if available.
- Reference Coverage Policy Neuropsychological Testing (NPT) on geha.com

Please fax this form and the above requested information to 816.257.3255.*

If unable to fax, please mail this form to: GEHA, P.O. Box 21542, Eagan MN 55121

***If the patient lives in Texas, call United Healthcare Choice Plus at 877.585.9643.**

Questions: Call Care Management at 800.821.6136, ext 3100.

Payable benefits are subject to the terms and conditions of the Health Benefit Plan.