



Request for Medical Appropriateness Determination

Psychological/Neuropsychological Testing Form

Please fax the completed form to the applicable fax number listed below. Incomplete requests will not be processed.

Priority Partners Medical: 410-762-5205 USFHP Outpatient Medical: 410-424-2603
 Adv MD Outpatient Medical: 855-704-5296 Outpatient Urgent: 410-424-2707 BH EHP: 410-424-4891
 BH EHP Secured: 410-424-4765 BH USFHP: 410-424-4839 BH Adv MD: 844-363-6772

Member Information		
Name		Date of Birth
Policyholder Name	Policy Number	<input type="checkbox"/> EHP <input type="checkbox"/> Advantage MD <input type="checkbox"/> USFHP <input type="checkbox"/> Priority Partners
Member Address	Member Relationship to Policyholder	Member Policy Number
Provider Information		
Name of Psychologist	Degree/State License and Number	<input type="checkbox"/> Network <input type="checkbox"/> Non-Network
Tax ID Number	Address	
Are you independently licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	City/State/Zip	
Phone Number	Fax Number	
Name of Therapist(If different from above)	Degree/State License and Number	<input type="checkbox"/> Network <input type="checkbox"/> Non-Network
Tax ID Number	Address	
Are you independently licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	City/State/Zip	
Phone Number	Fax Number	
A. Referral		
I. Who initiated referral? (If MD, what is MD's Specialty?)		

II. What are the referral questions?

III. Current possible DSM-5/ICD-10 diagnoses under evaluation:

<u>Code</u>	<u>Description</u>

B. History of Patient (Summary of psychosocial and medical information (with examination dates and past treatment: include any past psychological testing, date and results):

C. Describe specifically how proposed testing will impact psychological treatment:

D. List test (s) planned and time required – Write full name of test – please do not abbreviate.

	<u>Specific Test Planned</u>
I. Intelligence	
II. Academic/Vocational	
III. Psychological	

IV. Neuropsychological

- Request for Psychological Testing **(Check One)**
 Neuropsychological Testing

E. Psychological Testing

<u>CPT Code</u>	<u>Descriptor</u>	<u>Units</u>	<u>Hours</u>
96130	First hour		
96131	Each additional hour		
96136	First 30 minutes		
96137	Each additional 30 minutes		
96138	First 30 minutes		
96139	Each additional 30 minutes		
Total:			

F. Neuropsychological Testing

<u>CPT Code</u>	<u>Descriptor</u>	<u>Units</u>	<u>Hours</u>
96132	First hour		
96133	Each additional hour		
96136	First 30 minutes		
96137	Each additional 30 minutes		
96138	First 30 minutes		
96139	Each additional 30 minutes		
Total:			