BlueCross BlueShield of North Carolina MEDICARE

Request for Authorization: Neuropsychological Testing

Please note, this form applies to Healthy Blue + Medicare℠ (HMO D-SNP) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Please submit this form electronically using our preferred method at **https://www.availity.com**. This can also be submitted via fax to **1-844-430-1703**.

General Information

Member Information					
Member name		Date of birth		Member ID	
Provider Information					
Name of psychologist		Provider ID		Phone	
				Fax	
Address		Provider NPI		Provider email	
Referral Information					
Name of 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 member'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.

Note: Availity is an independent company providing administrative services for Healthy Blue + Medicare providers on behalf of Blue Cross and Blue Shield of North Carolina.

https://www.bluecrossnc.com/provider-home

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Clinical Information (Please 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 or 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:
☐ Consultation with PCP, date:	☐ Brief rating scales or inventories, date:	☐ Neuroimaging (CT, MRI, PET), date:	☐ Interview with family member(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/neuropsychological testing?

☐ Yes ☐ No

If yes, date of testing:
What were the reasons for testing and the results?

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 abuse 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.

Provider signature:_____Date: _____

For Blue Cross NC use only:

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 members. Authorization for neuropsychological testing is subject to verification of member eligibility and is not a guarantee of payment.

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

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.