BlueCross BlueShield of North Carolina

Use for Commercial Members
Fax: 866-987-4161

Psychological and Neuropsychological Testing
AUTHORIZATION REQUEST

Submission of this form is only a request for services and does not guarantee approval. Incomplete forms may delay processing. All NC Providers must provide their 5-digit Blue Cross Blue Shield of North Carolina (Blue Cross NC) provider ID# below.

Date of Request	Patient Name	Patient Blue Cross NC ID Number	Patient Date of Birth

Requesting/Ordering Provider Information		Servicing Provider or Facility Location (for services to be performed outside of the provider's office)	
Provider Name		**Servicing Provider**	
Provider #, Tax ID # or NPI		**Facility Name**	
Street, Bldg., Suite #		**Servicing provider or Facility #, Tax ID # or NPI**	
City/State/Zip code		**Street, Bldg., Suite #**	
Phone #		**City/State/Zip code**	
Fax #		**Fax #**	

Current DX – Please list ICD-10 codes(s), Diagnosis Name, Specifier (if applicable)

ICD-10 Code _____ DX Name _____ Specifier _____
ICD-10 Code _____ DX Name _____ Specifier _____
ICD-10 Code _____ DX Name _____ Specifier _____

Requested Service and indication for testing	☐ **Psychological Testing (check all that apply):** ☐ **Mental Health Diagnosis** ☐ **Substance Abuse Disorder**	☐ **Neuropsychological Testing for (check all that apply):** ☐ **Medical/Physical Health Diagnosis** ☐ **Mental Health Diagnosis** ☐ **Substance Use Disorder**	
Place of Service (i.e. office, outpatient, inpatient, RTC)		**Anticipated Date of Service**	
Testing History	☐ **Initial Testing Evaluation** ☐ **Re-Testing Evaluation, and date of last test** _____	**Licensure/Qualifications of provider administering testing**	

Please indicate CPT Procedure Codes to be performed and # of Requested Units for each

**** Claim submission must match authorized # of units; if a change is required please request update prior to submitting claim ****

CPT Code	Code Description	# of Requested Units
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test	_____ unit

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	results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	(*Only <u>one</u> unit of one hour allowed)*
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	_____ # of additional hours
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	_____ unit (*Only <u>one</u> unit of one hour allowed)*
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	_____ # of additional hours
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	_____ unit (*Only <u>one</u> unit of 30 minutes allowed)*
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	____ unit(s) *(# of additional units of 30 minutes each)*
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	_____ unit (*Only <u>one</u> unit of 30 minutes allowed)*
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	____ unit(s) *(# of additional units of 30 minutes each)*
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	_____ unit (*Only <u>one</u> unit allowed)*

If neuro/psychological testing previously conducted, please detail findings	
Describe the patient's clinical presentation, symptoms, and/or impairments that require testing.	

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Please describe other evaluation methods that have been tried and findings, including diagnostic imaging.	
Define the suspected diagnosis/es that require testing.	
Describe why a clinical evaluation is insufficient to evaluate the patient's presentation and/or diagnosis.	
What would the anticipated treatment plan be, or how would these test results fit into the treatment plan based on findings?	
Describe pertinent medical history and current medical treatment(s).	
Substance Use History	**Is member actively engaged in substance use? .....☐ YES ☐ NO** **Does member have a history of a substance use disorder?.....☐ YES ☐ NO** **If YES, date of last use: _____**
Current Medications	
Current Psychotherapy	

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Familial and Social Support System	Please describe engagement of family, caregivers in the testing process

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By signing below, I certify that I have appropriate authority to request prior authorization and certification for the item(s) indicated on this request and that the patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time to verify this information. I further understand that if Blue Cross NC determines this information is not reflected in the patient's medical records, Blue Cross NC may request a refund of any payments made and/or pursue any other remedies available. Finally, I certify that I've completed this form in its entirety and I understand that an incomplete form may delay processing.

Signature: _____ Date: _____

Fax this form with required documentation to Blue Cross NC Commercial Behavioral Health @ 866-987-4161.

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