

Out of Network Only

Please fax completed form to (855) 454-8155

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING REQUEST FORM

For **Medica** members, Call 1-800-848-8327 for Medica eligibility and benefit questions.

Name of Member to receive testing:		Member's DOB:
Enrollee ID #:		Testing Dates of Service Requested Start: End:
Psychologist Name:	Degree:	Type of License:
ID #:		NPI#: TIN:
Address:		Phone:
City: State: Zip:		Fax:
Provider who referred Member to psychologist for testing orNone/Other		
Name: Specialty/Type: Phone (Optional):		
Case background: (Please include Member's current level of care, assessment/testing history including dates and types of prior evaluation.		
Purpose of testing: (Specify referral questions, outstanding issues related to differential diagnosis, contributions to the clinical treatment plan.)		
ICD Diagnostic Code Number and DSM Diagnostic Label: (If no diagnosis exists, write "None".)		
Rule-Out Diagnostic Code Numbers and Names to be Evaluated		
ICD Diagnostic Code Number: DSM Diagnostic Label:		
List All Tests Required: (Please spell out names of tests. Indicate if administering select or supplementary subtests.)		
Please request total number of UNITS (not hours). Each CPT code is equivalent to 1 UNIT (e.g., 96130 = 1 UNIT & 96136 = 1 UNIT).		
Psychological Testing Neuropsychological Testing 96130= 96132= 96131= 96133 = 96136= 96137= 96138= 96139= Psychological and Neuropsychological Test Administration 96136= 96137= 96138= 96139= Psychological and Neuropsychological Automated Testing 96146=		
Feedback session requested. Yes No 96131= 96133=		
Has testing been started? Yes No	Court	t ordered? Yes No No

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