Anthem

Request for Authorization: Neuropsychological Testing

California | Anthem Blue Cross | Medi-Cal Managed Care (Medi-Cal)

Please submit this form electronically using our preferred method via https://Availity.com from the care provider website at https://providers.anthem.com/ca.

General information

Member name:	
Member's date of birth:	Member ID #:
Professional administering testing:	
Provider name, if different than the professional administering the testing:	
Provider phone:	Provider fax:
Provider NPI:	Provider tax ID:
Provider address:	
Provider email:	
Billing facility/group name:	
Billing facility/group NPI:	Billing facility/group tax ID:
Billing facility/group address:	
Are services being rendered in person or via telehealth:	

Neuropsychological testing is a comprehensive evaluation of cognitive, motor, and behavioral functional abilities related to developmental, degenerative, and acquired brain disorders. Neuropsychological testing may be considered medically necessary when there is a cognitive or behavioral impairment related to a known or suspected medical or neurological condition. Testing must impact medical treatment planning. Testing may be medically necessary when a cognitive deficit requires quantification, monitoring of change, or differentiation of cause. Routine repeat testing is not generally warranted. However, repeat testing may be medically

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necessary with supporting medical documentation. Neuropsychological assessment is not considered medically necessary in the assessment of behavioral disorders, including ADHD.

Clinical information (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/demonstrated cognitive impairment date:
☐ Anoxic/hypoxic brain injury date:	☐ CVA date:	☐ Genetic disorder date:	☐ Hydrocephalus date:
☐ History of intracranial surgery date:	☐ Cerebral mass date:	☐ Neurosurgery planned for epilepsy control date:	☐ Mild cognitive impairment:
☐ Confirmed neurotoxin exposure, including cancer treatments date:	☐ Dementia suspected date:	☐ Parkinson's and other motor diseases date:	☐ Other date:

Clinical assessment			
☐ Clinical interview date:	☐ Psychiatric evaluation date:	☐ Structured developmental/ psychosocial history date:	☐ EEG date:
☐ Neurologic exam, date:	☐ Neurobehavioral exam date:	☐ Consultation with school or other important people date:	☐ Medical evaluation date:

Clinical assessment			
☐ Consultation with PCP date:	☐ Brief rating scales or inventories date:	☐ Neuroimaging (CT, MRI, PET) date:	☐ Other date:

Other pertinent information
Enter other pertinent history or clinical information relevant to this request for neuropsychological testing.
Has the patient had previous psychological or neuropsychological testing? ☐ Yes ☐ No If yes, please enter the date of testing: ____/____/____. What were the results and reasons for testing?
List the medication(s) the patient is taking or mark the box if none. ☐ None
Enter the patient's substance use history to date or mark the box if none. ☐ None Have alcohol and/or illicit substance effects been ruled out as a cause of cognitive impairment? ☐ Yes ☐ No

Other pertinent information
Rationale for testing: What are the specific questions to be answered by neuropsychological testing? How will the test results impact this patient's treatment?

ICD-10-CM diagnoses under evaluation

Code(s)	Current or provisional	
	☐ Current	☐ Provisional
	☐ Current	☐ Provisional
	☐ Current	☐ Provisional
	☐ Current	☐ Provisional
	☐ Current	☐ Provisional

Neuropsychological tests requested: Please list the tests you are requesting and the expected administration time. For tests with multiple versions, specify which one. If you are administering selected subtests, please indicate which ones. Attach a separate sheet if necessary.		
CPT® code(s)	**Unit(s) requested**	**Evaluation services to be completed, and test names to be administered**
☐ 96132 (Base Code)		
☐ 96133 (Add-on code to 96132)		
☐ 96136 (Base Code)		
☐ 96137(Add-on code to 96136)		
☐ 96138		
☐ 96139 (Add-on code to 96138)		

Neuropsychological tests requested: Please list the tests you are requesting and the expected administration time. For tests with multiple versions, specify which one. If you are administering selected subtests, please indicate which ones. Attach a separate sheet if necessary.		
CPT® code(s)	**Unit(s) requested**	**Evaluation services to be completed, and test names to be administered**
Total units requested:		**Total time requested:**

Provider signature: ______________________________

Date: ______________________________