

3.704.1 Psychological/Neuropsychological Evaluation Request Form (use for all ages)

A.

Patient Name

Date of Birth

Employee's/Subscriber's Name

Employer or insurance Plan

Employee SSN

Patient's Relationship to Employee/Subscriber

B.

Name of Psychologist

Network Non-Network

Degree/State License and Number

Are you independently licensed? Yes No

Address

Telephone Number

City/State/Zip

Tax I.D. Number

C. (i.) Who initiated referral? (If MD, what is MD's specialty?) _____

(ii.) Current Symptoms and duration of symptoms: _____

(iii.) What are the referral questions and why is testing being requested at this time?

(iv.) Has patient been evaluated by a psychiatrist? ____ yes ____ no If yes, when? _____ Current medications: _____

D. Current possible DSM-IV-TR diagnosis under evaluation:

Axis I: _____

Axis II: _____

Axis III: _____

Axis V: (current/highest in 12 months): _____

ICD 9 if applicable: _____

Axis IV: _____

E. History of patient (*Summary of psychosocial and medical information (with examination dates) and past treatment; include any past psychological testing, date and results, medical, psychiatric and neurological exam*):

F. Describe how proposed testing will enhance treatment and impact future behavioral treatment:
Is patient currently in treatment? ___yes ___no If yes, specify modality e.g. (individual, group, family) _____

G. Are there other than psychological explanations of current behaviors/symptoms? (i.e. thyroid dysfunction, closed head injury, medications, poisoning, etc) Yes/No Explain: _____

H. List test(s) planned and time required. (*Note: time required for each test should include administration, scoring and interpretation and brief write-up. ValueOptions® does not reimburse for lengthy reports; see Provider Manual for "Sample Psychological Testing Evaluation Form"*)

Specific Test(s) Planned

Hours required

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total Time Required: _____

If authorized, proposed testing date: _____

Note: See ValueOptions® Provider Manual for complete testing guidelines/criteria. Following are three guidelines that have frequent relevance:

1. Testing regarding basic intellectual, cognitive, academic, developmental, psycho-motor and visual-motor functioning is usually considered educational. Testing that is partially or primarily for educational purposes is not a covered benefit. (This disqualifier may be subject to account specific arrangements.)
2. The expectation is that the diagnosis of ADHD can in most instances be made on the basis of DSM-IV-TR criteria alone and such diagnosis does not necessarily require psychological testing. Extended testing for ADHD is not authorized prior to a thorough evaluation with rating scales. (Providers should usually first seek approval for a 90801 and a 90806 for rating scale review and feedback before requesting further ADHD testing. Provide clear explanation in Section C above why initial evaluation was insufficient to answer the ADHD referral questions.)
3. Providers who are authorized for psychological testing are responsible for evaluating the results of the testing even if the testing is conducted solely by a technician or a computer assisted program.

Signature of Psychologist or other
appropriately Credentialed Provider

Date