**SUBMIT TO**
**Utilization Management Department**
PHONE 1.844.366.2880 | FAX 1.855.868.4940

silversummit healthplan

# INPATIENT AND OUTPATIENT NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL TESTING

**Please print clearly- incomplete or illegivle forms will delay processing.**

## PATIENT INFORMATION

Name: _____

Date of Birth: _____

Member ID#: _____

SocialSecurity #: _____

## PROVIDER INFORMATION

Provider Name: _____

Group Name: _____

Phone: _____

Fax: _____

## MEDICAL INFORMATION

History of medical condition, trauma or substance use disorder that may have neuropsychological consequences to the patient:

Patient's cognitive symptoms/issues:

Patient's psychiatric symptoms/ issues:

Will this testing all or in part be used for educational/vocational remediation? ☐ Yes ☐ No

If yes, please explain:

How will understanding the neuropsychological status of this patient affect the treatment plan?

What are the patient's diagnostic rule outs/ referral questions?

## PLEASE CHECK THE APPROPRIATE NEUROPSYCHOLOGICAL TESTING CODE (SELECTE ONLY ONE)

| | Test Planned | Date Requested | Time Requested |
|---|---|---|---|
| Neurobehavioral Testing with interpretation and report<br>☐ 96116 | | | |
| Neuropsychological Testing with interpretation and report (by physician or psychologist)<br>☐ 96118 | | | |
| Neuropsychological Testing with interpretation and report (by qualified healthcare professional)<br>☐ 96119 | | | |
| Neuropsychological Testing with interpretation and report (administered by computer)<br>☐ 96120 | | | |

## PLEASE CHECK THE APPROPRIATE PSYCHOLOGICAL TESTING CODE (SELECT ONLY ONE)

| | Test Planned | Date Requested | Time Requested |
|---|---|---|---|
| Psychological Testing with interpretation and report (by physician or psychologist)<br>☐ 96101 | | | |
| Psychological Testing with interpretation and report (by qualified healthcare professional)<br>☐ 96102 | | | |
| Psychological Testing with interpretation and report (administered by computer)<br>☐ 96103 | | | |
| Psychological Testing with interpretation and report (developmental screening; limited)<br>☐ 96110 | | | |
| Psychological Testing with interpretation and report (developmental screening; extended)<br>☐ 96111 | | | |

For applicable service requests, please include the following information and corresponding clinical documentation: LOCUS/CASII Score _____ Intensity of Needs Level _____

I verfiy that the information provided within this report is an accurate representation of the patient's status and that I am priviledged to administer this procedure.

| | | |
|---|---|---|
| Clinician Signature | Clinician Name | Date |
| Referal Source | Date Received | Date Processed |