WPS HEALTH INSURANCE

PSYCHOLOGICAL CPT CODES 96101-96103 AND NEUROPSYCHOLOGICAL TESTING CPT CODES 96118-96120 REQUEST FORM

(Circle one of the above.)

Please fax completed form to (608) 226-4711.

Name of Member to Receive Testing:		**Member's DOB:**
Subscriber's Insurance #:		**Testing Dates of Service Requested:** Start: / / End: / /
Psychologist Name:	**Degree:**	**Type of License:** **NPI #:**
Address: Street: City: State: Zip:		Phone: ( ) Fax: ( )
Has diagnostic interview (90801) or neurobehavioral assessment (96116) taken place: Yes No		**Date diagnostic interview or assessment completed:** (90801 are billed under separate authorization.) / /
Provider Who Referred Member to Psychologist for Testing (name & degree, specialty, phone #):		
Case Background: (Include current level of care, relevant symptoms, treatment history, previous attempts to answer diagnostic questions including dates and types of previous psychological/neuropsychological testing, psychotropic medications, risk factors, co-occurring substance disorders and medical conditions, etc.)		
Purpose of Testing: (Specify referral questions, outstanding issues related to different diagnosis, contributions to the clinical treatment plan.)		
Existing DSM-IV Diagnosis(es): (Complete all axes.) Axis I: Axis II: Axis III: **Rule Out Diagnosis(es) to be Evaluated:**		
List All Tests Required: (Please spell out names of tests. Indicate if administering select or supplementary subtests.)		
List Hours of Authorization for Testing: (Do not include 90801, 90806 or 90846. These codes are covered under separate authorization.) **Psychological Testing:** 96101 = 96102 = 96103 = **Neuropsychological Testing:** 96118 = 96119 = 96120 = **Neuro-Behavioral Evaluation:** 96116 =		
Has Testing Been Started? YES NO (If yes, state service date range.)		**Court-ordered?** YES NO

If neuropsychological testing is requested, please submit the diagnostic interview or assessment notes and recent notes from the referring physician.