REQUEST FOR NEUROPSYCHOLOGICAL TESTING HOURS

PROVIDER AGENCY
NAME: _____ **NPI #:** _____

PSYCHOLOGIST(S)
NAME & CREDENTIALS: _____ **LICENSE #:** _____

SE(S) or TECHNICIAN(S) **SE # or**
NAME & CREDENTIALS: _____ **LICENSE #:** _____

Note: All providers (psychologists, SEs & technicians) involved in testing process must be identified. If there are no SE(s) or technicians involved, enter "None" or "N/A". Do not leave any lines blank.

PARTICIPANT NAME: _____ **MID #:** _____

Date of Request:	Date(s) of Service:	

Please indicate expected date range. Billing charges should accurately reflect the date the services were rendered. Request must be submitted within 60 days of services.

Total Testing Hours: (Include 4 hrs available w/o PA)	96118:	96119:	96120:

Note: IDAPA 16.03.09.709.09 allows for two (2) computer-administered testing sessions and four (4) psychological or neuropsychological testing hours per calendar year without prior authorization, therefore these amounts will be subtracted from the total hours requested.

1. **Please describe the reason neuropsychological testing, or additional neuropsychological testing, is needed:**

IDAPA 16.03.09.709.03.d: Neuropsychological testing may be provided as a reimbursable service when provided in direct response to a specific evaluation question for participants whose clinical presentation indicates possible neurological involvement or central nervous system compromise from either a congenital or acquired etiology impacting the individual's functional capacities. The neuropsychological evaluation report must contain the reason for the performance of this service. Agency staff may deliver this service if they are a licensed Psychologist or service extender with specific competencies in neuropsychological testing.

Before faxing, please verify all fields are complete. Fax request & agency cover sheet with your contact information to: 1-888-560-1784
Questions? Please contact the Office of Mental Health and Substance Abuse 334-0767 or Toll Free 1-886-681-7062