



Procedure for Psychological/Neuropsychological Testing Preauthorization

WEA Trust covers psychological and neuropsychological testing only if found to be medically necessary and appropriate and if **all** of the following apply:

- A thorough clinical assessment by a qualified mental health provider has been conducted. A thorough clinical assessment includes a review of mental status, social functioning, applicable medical information, history, and applicable collateral information.*
- There is significant uncertainty about a diagnosis that affects the choice of treatment interventions.
- The patient's symptoms are complex or unusual so that diagnosis and clarification of symptoms can be accomplished only through such testing.
- There are distinct treatment options based on the differential diagnoses that are clarified through the testing.
- The testing is likely to produce the required diagnosis and clarification necessary for planning treatment.

Examples of testing not covered are: (1) testing to assist with custody placement, (2) vocational or academic assessments, and (3) testing being performed to answer clinical questions that could be answered by a comprehensive clinical interview or a referral to a board-certified psychiatrist.

If you feel that this request meets all of the above criteria, please complete and return the enclosed request for authorization form to the attention of Behavioral Health administrative assistant. You may send it either by fax to 608.276.9119 or by mail. Our medical services coordinator or medical advisor will review the request and determine if it qualifies for coverage under our health plan. We will notify you of our decision in writing.

If you have questions about this process, please call our Customer Service Department at 800.279.4090.

***If testing is requested for a medical diagnosis, this mental health assessment may be waived.**



**Psychological/Neuropsychological Testing
Request for Authorization**

Please return to:

Behavioral Health, WEA Trust, P.O. Box 21538, Eagan, MN 55121 or fax to 608.276.9119

Patient Name:	Birth Date:	Subscriber ID:
Psychologist's Name:	Phone:	Fax/E-mail Address:
*Has a behavioral clinical evaluation taken place? (<i>required</i>) Yes No If yes, by whom (name, credentials, and fax/e-mail address):	Referral Source: Pediatrician PCP Behavioral Health Neurologist Self-referral Other:	
*Please attach the recent behavioral clinical evaluation with this form.		

LOCATION OF TESTING: Name and address of testing site:	Tax ID:
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TESTING INFORMATION. Note: Checklists and inventories are considered part of the clinical evaluation/interview.

1. Briefly describe the presenting problem(s) to be assessed, including symptoms and any other tests already performed.
2. Define the referral question(s) to be answered. What question could not be answered by the evaluation? How will testing help answer this question? How will this clarify the diagnosis and how will it affect the treatment plan?

Name of Test	Purpose of Test	Time Required

Covered Service(s): Only the following procedure codes will be considered for preauthorization.	WEA Trust Use ONLY
TIME REQUESTED FOR THE FOLLOWING:	
Neurobehavioral Status Exam, MD/QHP 1 st hour (96116) _____Hr(s)	_____ 96116
Neurobehavioral Status Exam, MD/QHP Addl hour(s) (96121) _____Hr(s)	_____ 96121
DEVELOPMENTAL TESTING:	
Developmental Test/Inter/Report, MD/QHP 1 st hour (96112) _____Hr(s)	_____ 96112
Developmental Test/Inter/Report, MD/QHP Addl 30 min (96113) _____Hr(s)	_____ 96113
NEUROPSYCHOLOGICAL ASSESSMENT:	
Neuropsychological Inter/Report MD/QHP 1st hour (96132) _____Hr(s)	_____ 96132
Neuropsychological Inter/Report MD/QHP Addl hour(s) (96133) _____Hr(s)	_____ 96133
PSYCHOLOGICAL ASSESSMENT:	
Psychological Inter/Report, MD/QHP 1 st hour (96130) _____Hr(s)	_____ 96130
Psychological Inter/Report, MD/QHP Addl hour(s) (96131) _____Hr(s)	_____ 96131
PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TEST ADMIN/SCORING (ONLY):	
Neuro/Psych Test Admin, MD/QHP 1 st 30 min (96136) _____30 min units	_____ 96136
Neuro/Psych Test Admin, MD/QHP Addl 30 min (96137) _____30 min units	_____ 96137
Neuro/Psych Test Admin, Tech Only 1 st 30 min (96138) _____30 min units	_____ 96138
Neuro/Psych Test Admin, Tech Only Addl 30 min (96139) _____30 min units	_____ 96139
	Medical Reviewers Comments: