

This form needs to be COMPLETELY filled out by the referring professional or doctor to complete the testing.

Neuropsychological and Psychological Testing Pre-Determination Request Form

HealthPartners CANNOT accept a completed form via e-mail. Can only accept via fax or US mail.

| | | |
|---|--|---------------|
| Name of Member to Receive Services: | Member's Insurance #: | Member's DOB: |
| Facility/Provider Name/Degree/License | Phone | Fax |
| Address: | Tax ID | NPI |
| Is your clinic a Rule 29 clinic? Yes/ No If yes, Supervisor/Degree/License: | Are you an active Medicare Provider? Yes/No If yes, Medicare Certification #: | |
| Has the Diagnostic Interview (90791) taken place? Yes/ No Date completed or scheduled: | If yes, please send copy of the diagnostic assessment | |
| Referred by: Name/Degree/Specialty/Phone | Is this a provider currently treating the member? Yes/ No | |
| Authorization Dates Requested | Start Date | End Date |
| <u>Background information supporting the need for psychological/neuropsychological testing</u> | | |
| <u>Purpose of Testing</u> (referral question, differential diagnostic issues to be addressed, contributions to clinical treatment plan) | | |
| <u>Need for testing based on: (Check all that apply)</u> <input type="checkbox"/> There is a significant mental status change as noted on a Mental Status Examination and it has not responded to treatment <input type="checkbox"/> A significant behavioral change <input type="checkbox"/> Memory loss <input type="checkbox"/> Organic brain injury. | | |
| <u>Testing is requested to assess for the following diagnoses (check all that apply) and aid in treatment planning::</u> <input type="checkbox"/> Autism spectrum disorder/pervasive developmental disorder <input type="checkbox"/> When performed in association with vocational counseling/training <input type="checkbox"/> Attention-deficit/hyperactivity disorder (ADHD) <input type="checkbox"/> Chronic fatigue syndrome <input type="checkbox"/> Learning disability <input type="checkbox"/> Developmental disability, developmental delay <input type="checkbox"/> Other _____ <input type="checkbox"/> Mental retardation <input type="checkbox"/> Tourette's syndrome | | |
| <u>Current and Provisional DSM-5 Diagnosis(es):</u> | | |
| <u>If requesting neuropsychological testing, what applicable medical diagnosis(es)/ICD-10 code(s) related to the need for the testing:</u> | | |
| <u>List (Spell Out) All Tests Requested</u> | | |
| <u>Psychological Testing: Hours/Codes Requested:</u> | <u>Neuropsychological Testing: Hours/Codes Requested:</u> | |
| <u>Additional Info:</u> | | |
| Form Completed By: | Phone: | Date: |

Neuropsychological Testing

Neuropsychological testing is covered when ordered by a psychologist or psychiatrist for a behavioral health condition, or the appropriate physician specialist for a medical disorder, for the purpose of diagnosis or treatment of neuropsychological disorders.

HealthPartners needs a written note/letter or chart note from the psychologist or psychiatrist for a behavioral health condition, or the appropriate physician specialist for a medical disorder, outlining the changes that have been noted in the member and how the testing is going to help treatment of the member.

HealthPartners needs to know why testing / re-testing is needed what questions the testing is to answer.

The decision will be delayed until the information is provided.

According to HealthPartners Coverage Criteria for Neuropsychological Testing – Behavioral Health, Neuropsychological testing is considered medically necessary when there has been either #1 or #2 below.

- A significant mental status **change** as noted on a Mental Status Examination and it has not responded to treatment; (This excludes changes due to a metabolic disorder), OR
- A significant behavioral **change**, memory loss or organic brain injury.

In addition, there needs to be at least one significant, and related, medical diagnosis.

See HealthPartners website for Coverage criteria information

Indications that **are not covered** because there is not evidence that the results will be effective in guiding treatment include:

1. Chronic fatigue syndrome
2. Attention-deficit/hyperactivity disorder (ADHD)
3. Developmental disability, developmental delay
4. When performed in association with vocational counseling or training
5. Learning disability
6. Mental retardation
7. Tourette's syndrome