



Pennsylvania's Children's
Health Insurance Program
We Cover All Kids.



Keystone First

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

PSYCHOLOGICAL and NEURO-PSYCHOLOGICAL TESTING REQUEST FORM

****Out of Network (OON) Providers: A detailed rationale for utilizing an OON Provider including why an INN Provider is unable to meet the enrollee's treatment needs must be included with your request.**

Note: Psychological/Neuropsychological Testing Results must be mailed or faxed to 1-844-329-9100 upon completion in order to submit for claims payment.

Prior Authorization is Required

Enrollee Information

Enrollee Name: _____ CHIP ID#: _____ DOB: _____

Referral Source: _____

Provider Information

Evaluator Name: _____ ☐ MD ☐ PhD ☐ Other _____

Provider Name for Authorization: _____

Provider Phone #: _____ NPI # for Authorization: _____

REL/SOGI (Complete each section and indicate if Enrollee preferred not to answer).

Enrollee's Race: _____ Enrollee's Ethnicity: _____

Enrollee's Sexual Orientation: _____ Enrollee's Gender Identity: _____

Enrollee's Assigned Sex at Birth: _____ Enrollee's Pronouns: _____

Enrollee's Alternative Name (if applicable): _____

Enrollee's Primary Language:

Written: _____ Spoken: _____

Referral Reason/Question

State how the anticipated testing results will affect the Enrollee's treatment plan

Current DSM Diagnoses: _____

Current Medications: _____

Danger to Self or Others? ☐ Yes ☐ No

If yes, explain:

MSE within Normal Limits? ☐ Yes ☐ No

If no, explain:

Current Symptoms prompting current testing request (Check all that apply)

- | | |
|---|---|
| ☐ Anxiety | ☐ Self-injurious Behavior |
| ☐ Depression | ☐ Eating Disorder Symptoms |
| ☐ Inattention | ☐ Withdrawal/Poor Social Interaction |
| ☐ Hypo-Activity | ☐ Psychosis/Hallucinations |
| ☐ Hyperactivity | ☐ Changes in Memory Capacity |
| ☐ Mood Instability | ☐ Changes in Cognitive Capacity |
| ☐ Atypical Behavior | ☐ Unprovoked Agitation/Aggression |
| ☐ Behavior Problems impacting life functions (i.e. school, home) | |
| ☐ Poor Academic Performance | ☐ Other _____ |

Comments:

Was a Behavioral Health Evaluation Completed (i.e. 90791)? ☐ Yes ☐ No

If yes, date completed and brief description.

Was Previous Psychological or Neuropsychological Testing Completed? ☐ Yes ☐ No

If yes, date completed/Basic focus & test results.

History

Date of Enrollee's last physical examination: _____

If ADHD is a diagnostic rule-out, indicate results of standardized ADHD rating scales, if available:

☐ Positive ☐ Negative ☐ Inconclusive ☐ N/A

Comments/Explain:

Psychological Testing Codes Requested:

Code	Description	Units Requested	Start Date
96130	First Hour		
96131	Each additional hour		
96136	Professional Scoring, first 30 minutes		
96137	Professional Scoring, each additional 30 minutes		
96138	Technician Scoring, first 30 minutes		
96139	Technician Scoring, each additional 30 minutes		
	Test Review with Enrollee (1 hour maximum)		
	Total Number of Units Requested		

Please note that the total approved and authorized Psychological Testing units will be issued by Keystone First – CHIP BH under the primary CPT code of 96132. Providers should bill according to the above guidelines using the appropriate combination of 96132, 96133, 96136, 96137, 96138, 96139.

NOTE: 96130 & 96132 will not be authorized concurrently. The Provider should choose the code that best matches the testing request. Keystone First – CHIP will authorize either 96130 or 96132 if both are indicated.

Neuropsychological Testing Codes Requested:

Code	Description	Units Requested	Start Date
96132	First Hour		
96133	Each additional hour		
96136	Professional Scoring, first 30 minutes		
96137	Professional Scoring, each additional 30 minutes		
96138	Technician Scoring, first 30 minutes		
96139	Technician Scoring, each additional 30 minutes		
	Test Review with Enrollee (1 hour maximum)		
	Total Number of Units Requested		

Please note that the total approved and authorized Neuropsychological Testing units will be issued by Keystone First – CHIP BH under the primary CPT code of 96132. Providers should bill according to the above guidelines using the appropriate combination of 96132, 96133, 96136, 96137, 96138, 96139.

Tests planned to answer the clinical question:

Test	Reason for Use	Educational Yes or No	Units Requested

*****Testing will not be authorized under any of the following conditions: Testing is primarily for educational, vocational, or legal purposes; tests requested are experimental or have no documented validity; the time requested to administer the testing exceeds established time parameters; testing is routine for entrance into a treatment program. *****

Provider Signature:_____ **Date:**_____

**** Keystone First - CHIP Behavioral Health will only generate the authorization for Psychological and Neuropsychological Testing once the provider faxes the testing results/evaluations to:**

Keystone First – CHIP, Behavioral Health

Fax: 1- 844-329-9100