

3.704.1 Psychological/Neuropsychological Evaluation Request Form (use for all ages)

A.

_____	_____
Patient Name	Date of Birth
_____	_____
Employee's/Subscriber's Name	Employer or insurance Plan
_____	_____
Employee SSN	Patient's Relationship to Employee/Subscriber

B.

_____	_____
Name of Psychologist	Degree/State License and Number
<input type="checkbox"/> Network <input type="checkbox"/> Non-Network	
_____	Are you independently licensed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	_____
_____	Telephone Number
City/State/Zip	_____
	Tax I.D. Number

C. (i.) Who initiated referral? (If MD, what is MD's specialty?) _____

(ii.) Current Symptoms and duration of symptoms: _____

(iii.) What are the referral questions and why is testing being requested at this time?

D. Current possible DSM-IV-TR diagnosis under evaluation:

Axis I: _____	ICD 9 if applicable: _____
Axis II: _____	Axis IV: _____
Axis III: _____	
Axis V: (<i>current/highest in 12 months</i>): _____	

E. History of patient (*Summary of psychosocial and medical information (with examination dates) and past treatment; include any past psychological testing, date and results, medical, psychiatric and neurological exam*):

F. Describe how proposed testing will enhance treatment and impact future psychological treatment:

G. Are there other than psychological explanations of current behaviors/symptoms? (i.e. thyroid dysfunction, closed head injury, medications, poisoning, etc) Yes/No Explain: _____

H. List test(s) planned and time required. (*Note: time required for each test should include administration, scoring and interpretation and brief write-up. ValueOptions does not reimburse for lengthy reports; see Provider Manual for "Sample Psychological Testing Evaluation Form"*)

<u>Specific Test(s) Planned</u>	<u>Hours required</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total Time Required:		_____

Note: See ValueOptions Provider Manual for complete testing guidelines/criteria. Following are two guidelines that have frequent relevance:

1. Testing regarding basic intellectual, cognitive, academic, developmental, psycho-motor and visual-motor functioning is usually considered educational. Testing that is partially or primarily for educational purposes is not a covered benefit. (This disqualifier may be subject to account specific arrangements.)
2. The expectation is that the diagnosis of ADHD can in most instances be made on the basis of DSM-IV-TR criteria alone and such diagnosis does not necessarily require psychological testing. Extended testing for ADHD is not authorized prior to a thorough evaluation with rating scales. (Providers should usually first seek approval for a 90801 and a 90806 for rating scale review and feedback before requesting further ADHD testing. Provide clear explanation in Section C above why initial evaluation was insufficient to answer the ADHD referral questions.)

Signature of Psychologist

Date