**Note**: Per All Plan Letter 22-006, Managed Care Plans are responsible for covering non-specialty mental health services which includes psychological and neuropsychological testing. If the beneficiary has a Medi-Cal Managed Care Plan (MCP), please reach out to them and follow their procedures for requesting psychological testing. Requests submitted to Optum for clients that have an MCP will be returned to the provider. Requests for beneficiaries that do not have a MCP can be submitted to Optum. Psychological testing must be pre-authorized. Requests to Optum will be processed within 14 calendar days from date of receipt. An incomplete form may delay processing. Authorizations are based on the client’s Medi-Cal eligibility and Psychological Testing Authorization Criteria. For questions please call (800) 798-2254 option 3, then 4.

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| --- | --- | --- | --- | --- |
| **Client Information** | | | | |
| Client Name to Receive Testing: Click or tap here to enter text. | | DOB: Click or tap here to enter text. | | |
| Medi-Cal#: Click or tap here to enter text. | | | | |
| **Psychologist Information** | | | | |
| Psychologist Name: Click or tap here to enter text. | | Degree: Click or tap here to enter text. | | |
| Psychologist Address: Click or tap here to enter text. | | Suite: Click or tap here to enter text. | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | | Zip: Click or tap here to enter text. |
| NPI #: Click or tap here to enter text. | Phone: Click or tap here to enter text. | | Fax: Click or tap here to enter text. | |
| **Professional Who Referred Client to Psychological Testing Information** | | | | |
| Name: Click or tap here to enter text. | | Phone: Click or tap here to enter text. | | |
| Degree: Click or tap here to enter text. | | Specialty: Click or tap here to enter text. | | |
| Case Background:(Include current level of care, specific behaviors/symptoms/concerns, impact on current functioning, risk factors, any prior assessments including dates and types of prior evaluation, co-existing medical or substance abuse conditions, etc.)  Click or tap here to enter text. | | | | |
| **Testing Information** | | | | |
| Testing Dates of Service Requested: **Start**: Click or tap here to enter text. **End**: Click or tap here to enter text. | | | | |
|  | | | | |
| Has a Diagnostic Interview (90791) Taken Place?  Yes  No | | Date of Diagnostic Interview: Click or tap here to enter text. | | |
|  | | Court Ordered:  Yes  No | | |
| Purpose of Testing: (Specify referral questions, outstanding issues related to differential diagnosis, severity of the disorder, functional impairment, expected contributions to the clinical treatment plan, etc.)  Click or tap here to enter text. | | | | |
| List All Proposed Tests: (Please spell out name of tests. Indicate if administering select or supplementary subtests.)  Click or tap here to enter text. | | | | |
| **Diagnostic Information** | | | | |
| Current ICD Diagnostic Code and DSM Diagnostic Label: Click or tap here to enter text. | | | | |
| (If no diagnosis exists, write “None”) | | | | |
| Rule-Out Diagnostic Code and diagnostic condition(s) to be evaluated: Click or tap here to enter text. | | | | |
| ICD Diagnostic Code: Click or tap here to enter text. | | DSM Diagnostic Label: Click or tap here to enter text. | | |
| **Applicable CPT Codes Units or Hours Requested** | | | | |
| **Per APA guidelines, if testing time exceeds eight (8) hours, medical necessity for extended testing time should be documented. Please include supporting documentation to justify greater than eight hours of testing per patient:**  Click or tap here to enter text. | | | | |
| **A. Psychological Testing Evaluation:**  96130 (First hour, maximum 1 unit):  96131 (Each additional hour): | **B. Psychological Testing Evaluation:**  96136 (First 30 minutes, maximum 1 unit):  96137 (Each additional 30 minutes): | | | **C. Total number of hours requested in A & B:** |