**Note**: Psychological testing must be pre-authorized. Requests 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, Optum Policies & Procedures, and Psychological and Neuropsychological Testing Guidelines. 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. |
| **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. |
| Referred by Child Welfare Services: [ ]  Yes [ ]  No | Court Ordered: [ ]  Yes [ ]  No |
| Purpose of Testing: (Specify referral questions, outstanding issues related to differential diagnosis, contributions to the clinical treatment plan.)Click or tap here to enter text. |
| List All Tests Required: (Please spell out name of tests. Indicate if administering select or supplementary subtests.)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 and symptoms and concern and impact on current functioning, risk factors, assessment/testing history including dates and types of prior evaluation, co-existing medical, psychiatric, substance abuse conditions, etc.)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 names 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** |
| **\*\*Please note the Psychological Testing Evaluation, Test Administration, and Scoring Hours may not collectively exceed 11 hours of service total.** |
| **A. Psychiatric Diagnostic Evaluation:** (Not included in the 11 hours from D)90791 (Maximum 1 unit): | **C. Test Administration and Scoring:** 96136 (First 30 minutes, maximum 1 unit)96137 (Each additional 30 minutes) |
| **B. Psychological Testing Evaluation:** 96130 (First hour, maximum 1 unit):96131 (Each additional hour): | **D. Total number of hours requested in B & C:**(Cannot exceed 11 hours) |