



Request for Authorization: Neuropsychological Testing

Please note, this form applies to Healthy Blue + MedicareSM (HMO D-SNP) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC).

Please submit this form electronically using our preferred method at <https://availity.com>.
This can also be submitted via fax to **844-430-1703**.

General information

Member information		
Member name:	DOB:	Member ID:
Provider information		
Name of psychologist:	Provider ID:	Phone: Fax:
Referral information		
Source of referral:	Specialty:	Address: Phone:

Neuropsychological testing, also known as psychometric testing, is a comprehensive evaluation of cognitive, motor, and behavioral functional abilities related to developmental, degenerative, and acquired brain disorders. This testing may be used to augment a comprehensive medical history and physical examination as well as neurological investigation of certain conditions.

Neuropsychological testing is considered medically necessary when there is evidence to suggest that the test results will have a timely and direct impact on the member’s treatment plan for certain indications. Repeat testing to track the status of an illness or recovery progress is subject to individual case consideration but is generally not warranted.

Note: Availity, LLC is an independent company providing administrative support services for Healthy Blue + Medicare providers on behalf of Blue Cross and Blue Shield of North Carolina.

<https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>

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Clinical information (Please include any relevant medical records to support the request for testing.)

<input type="checkbox"/> Traumatic brain injury Date:	<input type="checkbox"/> Encephalitis Date:	<input type="checkbox"/> Epilepsy and cognitive impairment suspected or documented. Date:	<input type="checkbox"/> Multiple sclerosis and suspected or demonstrated cognitive impairment. Date:
<input type="checkbox"/> Anoxic/hypoxic brain injury Date:	<input type="checkbox"/> Cerebrovascular accident. Date:	<input type="checkbox"/> Psychosis Date:	<input type="checkbox"/> Major affective disorder Date:
<input type="checkbox"/> History of intracranial surgery. Date:	<input type="checkbox"/> Brain tumor in remission or with slow progression. Date:	<input type="checkbox"/> Neurosurgery planned for epilepsy control. Date:	<input type="checkbox"/> Head injury with loss of consciousness. Date:
<input type="checkbox"/> Confirmed neurotoxin exposure. Date:	<input type="checkbox"/> Dementia suspected Date:	<input type="checkbox"/> Other Date:	<input type="checkbox"/> Other Date:

Clinical assessment

<input type="checkbox"/> Clinical interview with patient Date:	<input type="checkbox"/> Psychiatric evaluation Date:	<input type="checkbox"/> Structured developmental/ psychosocial history Date:	<input type="checkbox"/> EEG Date:
<input type="checkbox"/> Neurologic exam Date:	<input type="checkbox"/> Neurobehavioral exam. Date:	<input type="checkbox"/> Consultation with school or other important persons Date:	<input type="checkbox"/> Medical evaluation Date:
<input type="checkbox"/> Consultation with PCP Date:	<input type="checkbox"/> Brief rating scales or inventories. Date:	<input type="checkbox"/> Neuroimaging (CT, MRI, PET). Date:	<input type="checkbox"/> Interview with family member(s). Date:
Date of clinical interview:			
Other pertinent history of clinical information relevant to this request for neuropsychological testing:			

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Has the patient had previous psychological/neuropsychological testing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of testing: What were the reasons for the testing and the results?	
Have medication results been ruled out as a cause of cognitive impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have alcohol and/or illicit substances been ruled out as a cause of cognitive impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Enter the patient's substance abuse history or mark the box if none. <input type="checkbox"/> None	
What are the specific questions to be answered by neuropsychological testing that cannot be determined from the previously listed services?	
How will the results impact this patient's treatment?	
Enter the ICD-10 diagnoses under evaluation:	
Provider signature:	Date:

Authorization for routine outpatient care is not required for network providers treating eligible members. Authorization for neuropsychological testing is subject to verification of member eligibility and is not a guarantee of payment. **Note:** We are unable to process illegible or incomplete requests.

For Blue Cross NC use only:

Date received:	Auth from:	96116 hours:	96119 hours:
Reference #:	Auth to:	96118 hours:	Other: