

**NC Medicaid and Health Choice
Psychological/Neurological
Testing Request Form**

This form may be downloaded from
http://www.valueoptions.com/providers/Network/North_Carolina_Medicaid.htm
or
http://www.valueoptions.com/providers/Network/North_Carolina_Health_Choice.htm

A.	Recipient Name	Date of Birth
	Recipient ID #	County of Eligibility

B.	Name of Psychologist	Degree/State License and Number
	Address	Telephone Number
	City/State/Zip	Medicaid Provider #

C.
i Referring Provider/Medicaid Provider #
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 ICD-10 diagnosis under evaluation:

I:

ICD 9, if applicable:

II:

III:

IV:

V:

(current/highest in 12 months)

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). Describe:

F.

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

H.

List test(s) planned and time required. (Note: time required for each test should include administration, scoring and interpretation and brief write-up.)

G.

Are there other than psychological explanations for current behavior/symptoms? (i.e. thyroid dysfunction, closed head injury, medications, poisoning, etc.)

Yes No Explain:

<u>Specific Test(s) Planned</u>	<u>Hours Required</u>
Service Code Requested	
Total Time Requested	

1. Testing that is primarily for educational purposes is not a covered benefit.
2. Extended testing for ADHD is not authorized prior to a thorough evaluation with rating scales (Provider should usually seek approval for a 90801 and a 90806 for rating scale review and feedback before requesting further ADHD testing providing clear explanation in Section C above why initial evaluation was insufficient to answer the ADHD referral questions.)

Signature of Psychologist

Date