



NEW AVENUES / MBHN:

Request for Psychological Testing

Employee Assistance Program · P.O. Box 360, South Bend, IN 46624 · Phone: (866) 925 - 5730 · Fax: (574) 271 – 5980
 Midwest Behavioral Health Network · P.O. Box 360, South Bend, IN 46624 · Phone: (866) 925 - 5730 · Fax: (574) 271 – 5980

PSYCHOLOGICAL TESTING MUST BE PRE-AUTHORIZED: Psychological testing is a treatment adjunct: the sole purpose is to provide answers to specific questions about a client that will;
 1. Enhance and clarify the diagnosis of the client's problem(s), and 2. Support the treatment planning process.

I. Demographics: Request Date: _____ Client Name: _____ Birth Date: _____ Employer: _____ Policy ID: _____	II. Type of Initial Referral: MBHN Self-Referral EAP Self Referral Employer Referral	III. Level of Care Out-Patient Treatment Partial Hospitalization Facility Name: _____ In-Patient Treatment Facility Name: _____
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IV. ICD 10 Behavioral Diagnosis Code & Description

1. _____ / _____ 2. _____ / _____
 3. _____ / _____ 4. _____ / _____

What current symptoms or conditions suggest the need for testing?

V. Previous Testing:

Has the client received any previous psychological testing? Yes No

If yes, please list dates of previous tests and type of testing used: _____

VI. Testing Proposed:

What questions will be answered by psychological testing? _____

How will this information enhance the diagnosis and treatment planning for this client? _____

# Units	Evaluation Services*	# Units	Test and Scoring Administered** by Units:	Name of Instrument(s)
_____	96130 Psychological Evaluation first hr.	_____	96136 Psychologist or Neuropsychologist, first 30 minutes	1. _____
_____	96131 Psychological Evaluation each add'l hr.	_____	96137 Psychologist or Neuropsychologist, each additional 30 mins.	2. _____
_____	96132 Neuropsychological Evaluation first hr.	_____	96138 Technician, first 30 minutes	3. _____
_____	96133 Neuropsychological Evaluation each add'l hr.	_____	96139 Technician, additional 30 minutes	4. _____
_____	96116 Neurobehavioral Status exam first hr.	_____	96146 Single automated instrument via electronic platform	5. _____
_____	96121 Neurobehavioral Status exam each add'l hr.	_____	(includes Scoring)	6. _____
				7. _____

Total # of Evaluation Units: _____ **Total NSE Units:** _____ **Total # of Testing Units:** _____

*Evaluation services include interpretation of test results and clinical data, integration of patient data, clinical decision making, treatment planning, report generation, and interactive feedback to the patient, family member(s) or caregiver(s).

**Test administration and scoring services performed by the psychologist or technician includes time spend to administer and score a minimum of two(2) psychological test.

Provider's Name (Print): _____

Provider's Signature: _____ **Date Signed:** _____

Telephone Number: _____ **Address:** _____