**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) | | | |