



QUEST BEHAVIORAL HEALTH
REQUEST FOR PSYCHOLOGICAL TESTING AUTHORIZATION

Patient Name: Date of Birth: Today's Date:

Social Security #: Employer Group:

Previous Testing: Yes No If yes, when:

Psychological testing is a highly specialized component of the process of clinical assessment. It may be authorized under the mental health benefit only when data necessary for diagnosis and/or treatment planning is unavailable by other means of assessment (e.g., clinical interview, relevant history review, application of ICD-10 criteria, structured checklists, consultations with other treating providers, interviews with parents, teachers, review of school records, etc.)

Psychologist Name: Psychologist License #:

Group/Practice Name: Phone #:

Address: Fax #:

Current Diagnosis(es):

Current Medication(s):

Patient's Current Symptoms:

Referral Question(s): Please state specific clinical questions you want the psychological testing to address.

Please list all you have done to answer these questions prior to requesting psychological testing.

How will testing aid in the patient's care?

ONE (1) of each primary procedure code permitted

\*Check All Applicable Tests Requesting\*

Scheduled Date of Testing:

Table with 4 columns: Procedure Name, Code, Units Permitted, Units Requested. Row 1: Psychological Testing Primary Procedure (single 60-min unit), 96130, 1, 60-min add-on: 96131

Table with 4 columns: Procedure Name, Code, Units Permitted, Units Requested. Row 1: Neuropsychological Testing Primary Procedure (single 60-min unit), 96132, 1, 60-min add-on: 96133

Table with 4 columns: Procedure Name, Code, Units Permitted, Units Requested. Row 1: Administration & Scoring Primary Procedure by professional (single 30-min unit), 96136, 1, 30-min add-on: 96137

Table with 4 columns: Procedure Name, Code, Units Permitted, Units Requested. Row 1: Administration & Scoring Primary Procedure by technician (single 30-min unit), 96138, 1, 30-min add-on: 96139

Fax completed form to 717-851-1414



QUEST BEHAVIORAL HEALTH  
REQUEST FOR PSYCHOLOGICAL TESTING AUTHORIZATION

Please list the name(s) of all psychological tests you intend to perform:


Please list the name(s) of all neuropsychological tests you intend to perform:


Is the patient or legal guardian in agreement with the administration of these tests?      Yes      No

Comments/Notes:


FOR QUEST USE ONLY      Approved      Denied   Date: \_\_\_\_\_