



AUTHORIZATION MANAGER TIPS

- Psychological and Neuropsychological Testing

INTRODUCTION

Use this tip when you submit an initial Neuropsychological or Psychological testing request using the Authorization Manager tool. To correctly complete an authorization request, providers are required to include certain information in their request.

REQUIRED INFORMATION FOR CERTAIN PROVIDER TYPES

FOR	THE FOLLOWING INFORMATION IS REQUIRED
<p>Neuropsychological Testing (Initial Requests only)</p>	<ul style="list-style-type: none"> • Request type: Behavioral Health Service Request • Place of service: 11- Office or select from dropdown • Review type: Initial • Add Servicing/Facility Provider: Enter servicing provider (type = servicing provider) • Diagnosis: As appropriate (Use F99 if no diagnosis) • Procedure: 96132, 96133 <p>After submitting, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> • Quantity: Enter hour(s) requested • Units: Always select units (unit equal hours) • Frequency: As prescribed • Start date: Requested start date for testing <p>Notes</p> <ul style="list-style-type: none"> • Only codes 96132 and 96133 require an auth. If requesting both codes, enter each individually under the same auth request • If the request pends for clinical, please attach the Psychological and Neuropsychological Assessment Supplemental Form along with Psychological and Neuropsychological Testing Cover Sheet • Extension requests must be faxed in

<p>Psychological Testing (Initial Requests only)</p>	<ul style="list-style-type: none"> • Request type: Behavioral Health Service Request • Place of service: 11- Office or select from dropdown • Review type: Initial • Add Servicing/Facility Provider: Enter servicing provider (type = servicing provider) • Diagnosis: As appropriate (Use F99 if no diagnosis) • Procedure: 96130, 96131 <p>After submitting, a new window opens. Populate details as follows:</p> <ul style="list-style-type: none"> • Quantity: Enter hour(s) requested • Units: Always select units (unit equal hours) • Frequency: As prescribed • Start date: Requested start date for testing <p>Notes</p> <ul style="list-style-type: none"> • Only codes 96130 and 96131 require an auth. If requesting both codes, enter each individually under the same auth request • If the request pends for clinical, please attach the Psychological and Neuropsychological Assessment Supplemental Form along with Psychological and Neuropsychological Testing Cover Sheet • Extension requests must be faxed in
---	---

RELATED RESOURCES

- [Psychological and Neuropsychological Testing Cover Sheet](#)
- [Psychological and Neuropsychological Assessment Supplemental Form](#)