

Neuropsychological Testing Pre-Service Authorization Form



Please submit this form with the Behavioral Health 50-1 Treatment Authorization Request Form Behavioral Health Department Secure Link: <https://gateway.cencalhealth.org/form/bh>
Behavioral Health Fax: (805) 681-3070

If you have any questions, please contact our Behavioral Health Provider Line: (805) 562-1600

Patient Information

Name:

CenCal ID:

Date of Birth (DOB):

Referring Provider (Who referred the patient for consultation for psychological testing)

Name:

NPI:

Phone:

Servicing Provider

Name:

NPI:

Phone:

How was the information in this form obtained:

- Patient
- Patient's family or authorized representative
- Primary Care Physician (Required)
- Therapist
- Psychiatrist
- Other:

Medical Necessity Criteria

Medical Necessity Criteria (Patient Must Meet One):

- Does the Patient have mild deficits on standard mental status testing or clinical interview and neuropsychological assessment is needed to establish the presence of abnormalities or distinguishing them from changes that may occur with normal aging or the expected progression of other disease?

Indicate deficits:

- Can neuropsychological data be combined with clinical, laboratory and neuroimaging data to assist in establishing a clinical diagnosis in neurological or systemic conditions known to affect CNS functioning?

Describe clinical, laboratory, or neuroimaging data:

- Is there a need to quantify cognitive or behavioral deficits related to CNS impairment, especially when the information will be useful in determining a prognosis or informing treatment planning by determining the rate of disease progression?

Pre-Surgical or treatment related cognitive evaluation description:

- Is there a need for pre-surgical or treatment-related cognitive evaluation to determine whether it would be safe to proceed with medical or surgical procedure that may affect brain function (ex. Deep brain stimulation, stem cell transplant)?

Indicate pre-surgical or treatment-related cognitive evaluation:

Medical Necessity Criteria (Patient Must Meet One):

- Is there a need to assess the potential impact of adverse effects of therapeutic substances that may cause impairment (ex. Radiation, chemotherapy, antiepileptic medications) used to determine treatment planning?

Describe potential impact of adverse effects:

- Is there a need to monitor progression, recovery, and response to changing treatments in patients with CNS disorders in order to establish the most effective plan of care?

Describe the need:

- Is there a need for objective measurement of patient’s subjective complaints about memory, attention, or other cognitive dysfunction, which serves to inform treatment by differentiating psychogenic from neurogenic syndromes (ex. Dementia vs. depression), and in some cases will result in initial detection of neurological disorders or systemic diseases affective the brain?

Describe patient’s subjective complaints and need for objective measurement:

- Is there a need to establish a treatment plan by determining functional abilities/impairments in individuals with known or suspected CNS disorders?

Describe functional abilities/impairments:

Medical Necessity Criteria (Patient Must Meet One):

- Is there a need to determine whether a patient can comprehend and participate effectively in complex treatment regimens (ex. Surgeries to modify facial appearance, hearing, debulking in craniofacial or down syndrome patients, etc) to determine functional capacity for health care decision making, working, independent living, managing financial affairs, etc.?

Describe the need:

- Is there a need to design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients?

Describe the need:

- Is there a need to establish treatment planning through identification and assessment of neurocognitive conditions that are due to other system diseases (for example, hepatic encephalopathy; anoxic/hypoxic injury associated with cardiac procedures)?

Describe identification and assessment and neurocognitive conditions:

- Is there need for assessment of neurocognitive functions in order to establish rehabilitation and/or management strategies for individuals with neuropsychiatric disorders?

Describe the need:

Medical Necessity Criteria (Patient Must Meet One):

- Is there a need to diagnose cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to new or changing cognitive, social, emotional, or physical demands?

Describe the need:

Please answer all the questions below:

1. What evaluative methods have been used (psychiatric, medical, neurological) and failed to answer the clinical question?

Last Medical exam

Provider Name:

Date:

Findings:

Last Mental Status exam

Provider Name:

Date:

Findings:

Please answer all the questions below (cont.):

Last Psychiatric examination

Provider Name:

Date:

Findings:

Last Neurological exam

Provider Name:

Date:

Findings:

Diagnostic testing completed

Provider Name:

Date:

Findings:

Type

Date:

Findings:

Please answer all the questions below (cont.):

1. Please indicate the clinical reason that neuropsychological testing is needed:

2. Patient's suspected or known diagnoses:

3. How will the results be utilized in the patient's care or treatment?

4. Please describe how the proposed Neuropsychological testing engages family, caregivers, and other people impacted by and in position to affect patient behavior, as appropriate.

5. How will the Neuropsychological testing address co-morbid medical, psychiatric, and/or substance use disorders?

6. Who will the results be shared with?

