

Outpatient Behavioral Health (BH) Request Psychological or Neuropsychological Testing Precertification Information Request

About this form – Do not use for Maryland and Massachusetts

You can't use this form to initiate a precertification request. To initiate a request, you have to call our Precertification Department. Or you can submit your request electronically.

Effective **September 1, 2017**, this form replaces all other Psychological or Neuropsychological testing precertification information request documents and forms.

This form will help you supply the right information with your precertification request. You don't have to use the form. But it will help us adjudicate your request more quickly.

How to fill out this form

As the patient's attending physician, you must complete all sections of the form.

You can use this form with all Aetna health plans, including Aetna's Medicare Advantage plans. You can also use this form with health plans for which Aetna provides certain management services. This includes Innovation Health Plan, Inc. and Innovation Health Insurance Company. You can't use the form with Traditional Choice/Indemnity plans.

When you're done

Once you've filled out the form, submit it and all requested medical documentation to our Precertification Department. You can send it via confidential fax to Commercial Plans: **1-888-463-1309** or Medicare Plans to: **860-754-5768**. Or you can mail it to:

**PO Box 14079
Lexington, KY 40512-4079**

What happens next?

Once we receive the requested documentation, we will perform a clinical review. Then we'll make a coverage determination and let you know our decision. Your administrative reference number will be on the electronic precertification response.

How we make coverage determinations

If you request precertification for a Medicare Advantage member, we use CMS benefit policies, including national coverage determinations (NCD) and local coverage determinations (LCD) when available, to make our coverage determinations. If there is not an available NCD or LCD to review, then the Clinical Policy Bulletin referenced below will be used as a resource in decision making.

For all other members, we encourage you to review **Clinical Policy Bulletin # 158: Neuropsychological and Psychological Testing**, before you complete this form. You can find the policy by visiting the website on the back of the member's ID card.

Questions?

If you have any questions about how to fill out the form or our precertification process, call us at **1-800-424-4047**.



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Fax to Behavioral Health Precert	Fax number • Commercial Plans: 1-888-463-1309 • Medicare Plans: 1-860-754-5768
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Section 1 – Provide the following general information

Member name	Administrative reference number (required)
Member ID	Member date of birth / /
Facility, Physician, Provider or Vendor name	
Facility, Physician, Provider or Vendor fax number 1 - - -	Facility, Physician, Provider or Vendor status <input type="checkbox"/> Participating <input type="checkbox"/> Non-participating
Provider ID/TIN Number	

Section 2 – Provide the following patient-specific information

1. The patient's symptoms/mental status/clinical status (Supporting data that demonstrates psychological testing request necessary beyond a thorough psychological or psychiatric evaluation.)	
2. Who referred the member and for what purpose?	
3. Has the member had a previous psychological evaluation (90791)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , when?	
4. Has the member had any previous treatment for this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , what was the outcome related to this patient's condition?	
5. Substance use/abuse (current and history of use)	
6. Test information	
7. Full name of test(s) being requested	
8. Proposed treatment plan	
9. Any additional details to be considered for this request	
10. Select the CPT/HCPCS codes which best describe the service(s) you will provide:	
<u>Psychological testing codes being requested along with the number of hours being requested for each code</u>	<u>Neuropsychological testing codes being requested along with the number of hours being requested for each code</u>
<input type="checkbox"/> 96101: Enter number of hours = _____	<input type="checkbox"/> 96118: Enter number of hours = _____
<input type="checkbox"/> 96102: Enter number of hours = _____	<input type="checkbox"/> 96119: Enter number of hours = _____
<input type="checkbox"/> 96103: Enter number of hours = _____	<input type="checkbox"/> 96120: Enter number of hours = _____
<input type="checkbox"/> 96125: Enter number of hours = _____	

Section 3 – Provide the following documentation for your request

In addition to any pertinent clinical information, provide the following where applicable.

- Current history and physical
- Office notes related to the member’s condition for which treatment is proposed
- Description of proposed treatment
- Laboratory/pathology and X-ray reports, as applicable
- Supporting medical records documenting clinical findings, conservative management with outcome, and current plan of care

Section 4 – Read this important information

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Section 5 – Sign the form

Just remember: You can’t use this form to initiate a precertification request. To initiate a request, you have to call our Precertification Department. Or you can submit your request electronically.

Form completed by	Title
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