

**SUBMIT TO**

Utilization Management Department  
5900 E. Ben White Blvd.  
Austin, TX 78741  
PHONE 1-844-744-5315 | FAX 1-855-772-7079



**superior  
healthplan™**

**OUTPATIENT NEUROPSYCHOLOGICAL AND PSYCHOLOGICAL TESTING**

Please print clearly- incomplete or illegible forms will delay processing.

**PATIENT INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**PROVIDER INFORMATION**

Provider Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**MEDICAL INFORMATION**

History of medical condition, trauma or substance use disorder that may have neuropsychological consequences to the patient:

Patient's cognitive symptoms/issues:

Patient's psychiatric symptoms/ issues:

Will this testing all or in part be used for educational/vocational remediation? ☐ Yes ☐ No

If yes, please explain:

How will understanding the neuropsychological status of this patient affect the treatment plan?

What are the patient's diagnostic rule outs/ referral questions?

**PLEASE CHECK THE APPROPRIATE NEUROPSYCHOLOGICAL TESTING CODE (SELECT ONLY ONE)**

	Test Planned	Date Requested	Time Requested
Neurobehavioral Testing with interpretation and report <input type="checkbox"/> 96116			
Neuropsychological Testing with interpretation and report (by physician or psychologist) <input type="checkbox"/> 96118			
Neuropsychological Testing with interpretation and report (by qualified healthcare professional) <input type="checkbox"/> 96119			
Neuropsychological Testing with interpretation and report (administered by computer) <input type="checkbox"/> 96120			

**PLEASE CHECK THE APPROPRIATE PSYCHOLOGICAL TESTING CODE (SELECT ONLY ONE)**

	Test Planned	Date Requested	Time Requested
Psychological Testing with interpretation and report (by physician or psychologist) <input type="checkbox"/> 96101			
Psychological Testing with interpretation and report (by qualified healthcare professional) <input type="checkbox"/> 96102			
Psychological Testing with interpretation and report (administered by computer) <input type="checkbox"/> 96103			
Psychological Testing with interpretation and report (developmental screening; limited) <input type="checkbox"/> 96110			
Psychological Testing with interpretation and report (developmental screening; extended) <input type="checkbox"/> 96111			

For applicable service requests, please include the following information and corresponding clinical documentation: LOCUS/CASII Score \_\_\_\_\_ Intensity of Needs Level \_\_\_\_\_

I verify that the information provided within this report is an accurate representation of the patient's status and that I am privileged to administer this procedure.

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Clinician Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referral Source

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Processed