

Neuropsychological Testing Request
 (CPT Codes 96118-96120)

When complete, please return this form to:

WPS Employee Group Members:
 WPS Health Plan
 Attn: Integrated Care Management
 P.O. Box 1229, Madison, WI 53701-1229
 Phone: 800-977-7178 | Fax: 608-226-8016

All other members:
 WPS Health Insurance
 Attn: Integrated Care Management
 P.O. Box 8190, Madison, WI 53708-8190
 Phone: 800-333-5003 | Fax: 608-226-4777

Testing Dates of Service Requested:	Start Date:	End Date:
MEMBER INFORMATION		
Subscriber ID:	Group ID:	
Member First Name:	Member Last Name:	
Member DOB:		
SERVICING PROVIDER INFORMATION		
Psychologist First Name:	Psychologist Last Name:	
Psychologist NPI:	Tax ID:	
Degree:	License Type:	
Clinic Name:	Clinic Address:	
City:	State:	ZIP:
Clinic Phone:	Clinic Fax:	
REFERRING PROVIDER INFORMATION		
Provider First Name:	Provider Last Name:	
Degree:	Specialty:	NPI:
Clinic Phone:		
MEDICAL INFORMATION		
Was a diagnostic interview (90791) or neurobehavioral assessment (96116) completed?		
YES	Date Complete:	NO

Case background: (Include current level of care, relevant symptoms, treatment history, previous attempts to answer diagnostic questions including dates and types of previous psychological or neuropsychological testing, psychotropic medications, risk factors, co-occurring substance disorders and medical conditions, etc.)

Purpose of testing: (Specify referral questions, outstanding issues related to differential diagnosis, and contributions to the clinical treatment plan.)

Existing DSM 5 diagnosis(es): (Complete psychiatric, medical, and substance abuse diagnosis(es).)

Rule out diagnosis(es) to be evaluated:

List all tests required: (Please spell out names of tests. Indicate if administering select or supplementary subtests.)

List hours of authorization for testing: (Don't include 90791, 90834, or 90846.)

Neuropsychological testing			Neuro-behavioral evaluation		
96118:			96116:		
96119:					
96120:					
Did testing start?	YES	NO	Is testing court-ordered?	YES	NO
Start date:					

If neuropsychological testing is required, please submit the diagnostic interview or assessment notes and recent notes from the referring physician. If you need more room, you may include additional information on a separate sheet of paper with this request.