



## Neuropsychological Testing Request

When complete, please return this form to:

**Arise Health Plan**

Attn: Integrated Care Management

P.O. Box 11625 | Green Bay, WI 54307-1625

Phone: 888-711-1444 | Fax: 608-327-6300

Testing Dates of Service Requested:	Start Date:	End Date:
<b>CUSTOMER INFORMATION</b>		
Subscriber ID:	Group ID:	
Member First Name:	Member Last Name:	
Member DOB:		
<b>SERVICING PROVIDER INFORMATION</b>		
Psychologist First Name:	Psychologist Last Name:	
Psychologist NPI:	Tax ID:	
Degree:	License Type:	
Clinic Name:	Clinic Address:	
City:	State:	ZIP:
Clinic Phone:	Clinic Fax:	
<b>REFERRING PROVIDER INFORMATION</b>		
Provider First Name:	Provider Last Name:	
Degree:	Specialty:	NPI:
Clinic Phone:		
<b>MEDICAL INFORMATION</b>		
Was a diagnostic interview (90791) or neurobehavioral assessment (96116 and 96121) completed?		
<input type="checkbox"/> YES Date Complete: <input type="checkbox"/> NO		



WPS-00010

**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.)

**Testing being requested:** (Please don't include 90791, 90834, 90846, 96116, and 96121.)

**Neuropsychological testing**

CPT Code Requested	Description	Units requested

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.**