



PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASSESSMENT SUPPLEMENTAL FORM

Fax: 1-855-241-8895

**Provide specific information in context of each health plan's unique medical
necessity criteria which are available on each plan's website or by request.**

IDENTIFYING INFORMATION	
Dates of Service Requested: (Start)____/____/____ (End)____/____/____	
First Name:	Last Name: MI:
Date of Birth (MM/DD/YYYY): Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	
Policy Number:	
Health Plan:	
Date Form Submitted:	Preferred Language (if other than English):
Servicing Clinician:	Facility:
Phone Number:	TIN/NPI#:
Name and Role of Referring Individual: <input type="checkbox"/> Self Referred	
Contact Person:	Best Time to Contact:
Phone Number:	Fax:
Email:	
Site Address:	
Requesting Clinician/Facility (only if different than service provider):	
Phone Number:	TIN/NPI#:
Contact Person:	Best Time to Contact:
Phone Number:	Fax:
Email:	
RELEVANT DIAGNOSTIC DATA	
Primary possible diagnosis which is the focus of this assessment:	
Possible comorbid or alternative diagnoses:	<input type="checkbox"/> None
List all other relevant medical/neurological or psychiatric conditions suspected or confirmed:	
<input type="checkbox"/> None	
Relevant results of imaging or other diagnostic procedures (provide dates for each):	
<input type="checkbox"/> None	
ASSESSMENT PLAN AND HISTORY	
Psychological and Neuropsychological Test Evaluation Services	Psychological and Neuropsychological Test Administration and Scoring
<i>Please enter number of units requested</i>	
Psychological Testing Evaluation Services, 1 st hour 96130=___	Test Admin by Professional, first 30 minutes 96136=___
Additional hour (List Separately) 96131=___	Additional 30 minutes (List separately) 96137=___
Neuropsychological Testing Evaluation Service, 1 st hour 96132=___	Test Admin by Technician, first 30 minutes 96138=___
Additional hour (List Separately) 96133=___	Additional 30 minutes (List separately) 96139=___
Automated Testing and Result 96146=___	Neurobehavioral status exam, 1 st hour 96116=___
	Additional hour (List separately) 96121=___

List Likely Tests:	
What suspected or confirmed factors suggested that assessment may require more time relative to test standardization samples:	
<input type="checkbox"/> Depressed mood <input type="checkbox"/> Low frustration tolerance <input type="checkbox"/> Vegetative symptom <input type="checkbox"/> Grapho-motor deficits <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Physical symptoms or conditions (such as): <input type="checkbox"/> Suspected processing speed deficits <input type="checkbox"/> Performance Anxiety <input type="checkbox"/> Receptive communication difficulties
Why is this assessment necessary at this time:	
<input type="checkbox"/> Contribute necessary clinical information for differential diagnosis including but not limited to assessment of the severity and pervasiveness of symptoms; and ruling out potential comorbidities. <input type="checkbox"/> Results will help formulate or reformulate a comprehensive and optimally effective treatment plan. <input type="checkbox"/> Assessment of treatment response or progress when the therapeutic response is significantly different than expected. <input type="checkbox"/> Evaluation of a member's functional capability to participate in health care treatment <input type="checkbox"/> Determine the clinical and functional significance of brain abnormality. <input type="checkbox"/> Dangerousness Assessment <input type="checkbox"/> Assess mood and personality characteristics impact experience or perception of pain. <input type="checkbox"/> Other (describe):	
Has a standard clinical evaluation been completed in the past 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, when and by whom:	
If no, explain why a standard clinical evaluation cannot answer the assessment questions:	
Date of last known assessment of this type: <input type="checkbox"/> No prior testing	
If testing in past year, why are these services necessary now:	
<input type="checkbox"/> Unexpected change in symptoms <input type="checkbox"/> Evaluate response to treatment <input type="checkbox"/> Assess function	<input type="checkbox"/> Previous assessment is likely invalid <input type="checkbox"/> Other (please specify):
Are units requested for the primary purpose of differentiating between medical, psychiatric conditions, learning disorders and/or guiding health care services? <input type="checkbox"/> Y <input type="checkbox"/> N	
Are the units requested for the primary purpose of determining special needs educational programs? <input type="checkbox"/> Y <input type="checkbox"/> N	
Are the units requested to answer questions of law under a court order? <input type="checkbox"/> Y <input type="checkbox"/> N	
Currently known symptoms and functional impairments of the patient that warrant this assessment:	
RELEVANT MENTAL HEALTH/SUD HISTORY	
Relevant Mental Health History: <input type="checkbox"/> None	
Is substance use disorder suspected? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many days of sobriety:
Are medication effects a likely and primary cause of the impairment being assessed? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, is this assessment necessary to evaluate the impact of medication on cognitive impairment and inform clinical planning accordingly? <input type="checkbox"/> Y <input type="checkbox"/> N	
If no, explain why testing is necessary:	

If the primary diagnosis is ADHD, indicate why the evaluation is not routine:

- Previous treatment(s) have failed and testing is required to reformulate the treatment plan
- A conclusive diagnosis was not determined by a standard examination
- And/or specific deficits related to or co-existing with ADHD need to be further evaluated
- Other (please specify):

Signature of requesting clinician:

The Horizon Behavioral HealthSM program is administered by ValueOptions of New Jersey, Inc. ValueOptions of New Jersey, Inc., a subsidiary of Beacon Health Options, Inc., is a New Jersey Corporation Licensed by the NJ Department of Banking & Insurance as an Organized Delivery System.