

Prior Authorization Request
Nevada Medicaid and Nevada Check Up
Neuropsychological Testing

Upload this request through the Provider Web Portal.

Questions? Call: (800) 525-2395

DATE OF REQUEST: ____/____/____	
Incomplete or illegible forms cannot be processed.	
RECIPIENT INFORMATION	
Recipient Name (Last, First, MI):	
Recipient ID:	DOB:
Responsible Party Name:	
REFERRING PROVIDER INFORMATION	
Referring Provider Name:	NPI:
Phone:	Fax:
PSYCHOLOGIST INFORMATION	
Psychologist Name:	NPI:
Phone:	Fax:
CLINICAL INFORMATION	
Date of Testing:	
Requested Testing (<i>enter number of units for each code requested</i>): ____96132 ____96133 ____96136 ____96137 ____96138 ____96139	
Has previous testing been performed? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, enter date and results: ____/____/____ Results:	
Is this request for Healthy Kids (EPSDT) services? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Current diagnosis/diagnoses under evaluation:	
Current symptoms:	
Relevant history:	

Prior Authorization Request
Nevada Medicaid and Nevada Check Up
Neuropsychological Testing

Recipient Name: _____ Date of Request: _____

Medications:

Which of the following has been completed?:

- ☐ Diagnostic Interview (Date completed: _____)
- ☐ Review of records
- ☐ Brief inventories and/or rating scales
- ☐ Medical/Primary care exam
- ☐ Psychiatric evaluation
- ☐ Neurologic exam
- ☐ Neuro-imaging

What is the specific referral question that testing is intended to answer?:

What diagnosis/diagnoses will testing rule out?:

How will the test results impact treatment?:

Requested Tests (No abbreviations)		Requested Tests (No abbreviations)	
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
Requesting Provider Signature:		Date:	

This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying attachments is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication is received in error, the reader shall notify sender immediately and destroy all information received.