

Prior Authorization Request: Ultimate Checklist

☐ **Confirm Clinical Information**

Ensure the clinical note/order supports your request. Have it ready for quick reference.

☐ **Clinical Assessment**

- ☐ Presenting Problems & Symptoms: What's driving the need for testing?
- ☐ Duration of Symptoms: The longer the duration, the stronger the case.
- ☐ Other Pertinent History: Any additional details that strengthen the request.
 - ☐ E.g. BrainCheck Screen General Impression: Further Testing Recommended.

☐ **ICD-10 Diagnosis**

Ensure the diagnosis is accurate—medical necessity is essential for approval.

☐ **Diagnostic Testing vs. Other Methods**

Clarify why testing is needed over alternatives (interviews, consults, or medical records).

☐ **Impact on Treatment Plan**

Explain how the test results will affect the treatment plan.

☐ **Testing Administrator**

Specify who is performing the testing (provider for code 96136 or technician for code 96138).

☐ **CPT Code Requested**

List the CPT codes 96136 or 96138, and 96132. Avoid 99483 it does not require prior authorization and can cause denial.

☐ **Total Units**

Request 1 unit per CPT code (MUE = 1).

☐ **Specify Names of Tests**

Assess includes: Trails A (Attention), Trails B (Mental Flexibility), Stroop (Executive Function), Digit Symbol Substitution (Processing Speed), Immediate and Delayed Recognition (Memory).

☐ **Medical Records**

Ensure all relevant details are documented in the medical records to support the request.

See Below for a Full Sample of Prior Authorization Request:



**BlueCross BlueShield
of Texas**

Psychological or Neuropsychological
TESTING REQUEST FORM

Provider must call BCBSTX at **800-528-7264** to verify benefits. To expedite the processing of your request, please complete all sections of the form. Please fax to BCBSTX at **877-361-7646**.

Request Submission Date 4/3/2025 Requested Testing Start Date 4/10/2025

Patient and Subscriber Information

Patient name Test Patient Patient date of birth 01/01/1944
Subscriber name Test Patient Subscriber ID ABC123456789 Group 123456

Rendering Provider Information

Type of licensure MD

(Example: Psychologist, Psychiatrist, MD, PhD, PsyD)

Billing name ABC Primary Care NPI 0123456789 Group name ABC Primary Care
Rendering name Dr. Primary Care NPI 9876543210
Address 1 Primary Care Drive City Austin State TX Zip 99999
Email address pcare@pcpoffice.com Phone (123) 123-1234 Fax (123) 123-1244
Are you a clinical neuropsychologist? ☐ Yes ☒ No
Office contact name Kate H, CMA Phone (123) 123-1234 ext 110

Referral Information

Who referred the patient for testing? Name Dr. Primary Care

Relationship to patient (i.e. self, PCP, Therapist, Parent, Psychiatrist, Teacher, School, etc.) PCP

Assessment History

Have you met with the patient to complete a diagnostic evaluation? ☒ Yes ☐ No If yes, date 04/03/2025

Has a diagnostic evaluation been completed by another provider? ☐ Yes ☒ No

If yes, who completed the diagnostic evaluation? Name _____ Date _____ License Type _____

Has the patient had previous psychological/neuropsychological testing? ☒ Yes, when? 04/03/2025 ☐ No ☐ Not sure

Focus of previous testing Patient failed screening for processing speed, immediate and delayed recognition. See Screen result attached.

Current DX — Please include all DSM 5, ICD 10 and/or medical diagnoses that apply.

Code <u>R41.89</u>	DX Name <u>Other symptoms & signs involving cognitive functions and awareness</u>	Specifier <u>Unspecified cognitive deficit</u>
Code _____	DX Name _____	Specifier _____
Code _____	DX Name _____	Specifier _____
Code _____	DX Name _____	Specifier _____

What clinical/referral question(s) need to be answered by testing that cannot be answered by a diagnostic interview, medical/neurological consult or review of medical records?

The results of such testing directly influence treatment strategies by identifying cognitive deficits, emotional factors, and underlying conditions, ultimately guiding personalized care plans, treatment adjustments, and long-term support strategies.

What are the current symptoms and/or function impairments related to the testing question(s)?

*Example: Patient presented with husband and some, symptoms started in her mid 70s, progressing over time. She is noticing word finding difficulty. She states she does not misplace things, however her family says otherwise. She states she does not forget names, but her husband reports she forgets her friends names. Husband report confusion at times, and has left the stove on several times.



Approved
ICD-10
codes

Establish
duration of
symptoms



Patient Name Test Patient

Requested Testing

Please include ALL tests that will be administered. If a test has multiple versions (i.e. parent, teacher, self-report), please indicate specifically which will be administered. If using selected subtests from a larger test, please indicate which subtests will be administered.

Will a technician be providing any services for this evaluation? ☒ Yes ☐ No

Technician name Kate H Credentials CMA

Please list the applicable technician CPT codes below.

CPT Testing Code Requested	Total Units Requested per CPT Code	Specify names of tests or type of service attributed to this CPT code
1 <u>96138</u>	<u>1</u>	<u>Trails A (Attention), Trails B (Mental Flexibility), Stroop (Executive Function), Digit Symbol Substitution (Processing Speed), Immediate & Delayed Recognition (Memory).</u>
2 <u>96132</u>	<u>1</u>	<u>Neurocognitive test interpretation with patient by a medical professional</u>
3		
4		
5		
6		
7		
8		

Total Units Requested 2

Other Comments

Please see attached clinical notes documenting visit with patient and family identifying cognitive concerns. Brief cognitive Screen done in the office showed likely memory impairment in immediate and delayed recognition, and further testing is recommended. Report is attached.

My signature confirms that I am providing the requested services:

Signature  Date 04/03/2025

Print name Dr. Primary Care



See tip #3 -
it's critical
these tests
are listed
out

Pro tip:
include the
BrainCheck
Screen™
report for
supporting
docs