BlueCross BlueShield
Federal Employee Program

Prior Authorization Request Form   Neuropsychological Testing

Notice: The Federal Employee Program has a 15 Day turn-around time on all Prior Authorization Requests According to the Blue Cross Blue Shield Service Benefit Plan
Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

Patient Information

Patient's Name:	Blue Cross Blue Shield ID Number: R
Birth Date:	Patient's Phone Number:

Billing Provider Information	Ordering Physician/Provider Information
Name and Address:	☐ Please check this box if the ordering and billing provider are the same Provider's Name and Address:
Tax ID Number:	Tax ID Number:
Office Contact:	Office Contact:
Phone: ( )	Phone: ( )
Fax: ( )	Fax: ( )

Please enter all codes requested; "by report" codes must have a description of why the code is being used.

ICD-10 CODE(S):

CPT CODE(S):

HCPCS CODE(S):

PATIENT CLINICAL INFORMATION

Please provide the following documentation: Anticipated Date(s) of Service:

- History and physical or consultation notes including:
  1. Tests required
  2. Purpose of testing
  3. Outstanding issues related to differential diagnosis or rule-out diagnoses to be evaluated
  4. Application of results, DSM-IV Diagnosis(es)

  Total hours requested for testing

View our Medical Policy on line at http://www.fepblue.org/medical-policies.jsp

Fax Number: 1-855-895-3504	Phone Number: 1-800-633-4581

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Revised: Effective: