



Medicaid | Marketplace | Medicare

Sunflower Product Line:

- KanCare (Medicaid)
Ambetter (Health Insurance Marketplace)
Wellcare by Allwell (Medicare Advantage)

SUBMIT TO
Utilization Management Department
Phone: 1-877-644-4623 Fax: 1-844-824-7705

NEUROPSYCHOLOGICAL TESTING AUTHORIZATION REQUEST FORM

Please print clearly - incomplete or illegible forms will delay processing.

Date

PATIENT INFORMATION

PROVIDER INFORMATION

Name
Date of Birth
Member ID#
Social Security #
Health Plan #

Provider Name
Group Name
Provider Tax ID# NPI#
Fax# Phone#
Referral Source

PROVISIONAL DSM-V DIAGNOSIS

The provider must report all diagnoses being considered for this patient.

Primary R/O
Secondary

MEDICAL INFORMATION

- 1. Testing is intended to answer these specific questions:
2. These questions cannot be answered by a comprehensive clinical evaluation and would be answered more quickly by testing?
3. How will the test results will be used to determine or modify treatment or evaluate response to treatment?
4. Is cognitive impairment suspected or confirmed?
5. Is this a preoperative neuropsychological testing request related to surgical resection, transection, or thermal ablation for epilepsy?
6. Has the member received a medical or neurological evaluation in the past six months?
7. If yes for number 6, did the evaluation show cognitive deficits identified by screening test or obvious functional impairment?
8. If yes for number 6, did the evaluation show symptoms are not expected to respond to acute or medical treatment or to resolve without treatment?
9. Is patient on medication known to cause cognitive impairment and medication cannot be discontinued?
10. Is patient on medication and it's unknown whether drug effects are a cause of cognitive impairment?
11. Is patient on medication and drug effects ruled out as cause of cognitive impairment?
12. Does the patient have a substance-use disorder and sufficient length of abstinence before testing?
13. Is it suspected or confirmed that the member has experienced any of the following?
14. If member has had a brain injury, did it occur more than 30 days ago?
15. If the member has had a brain injury, were symptoms present within the first 30 days and have persisted?
16. Has the patient had any previous neuropsychological testing?

