

Prior Authorization Request  
Nevada Medicaid and Nevada Check Up

## Psychological Testing

Upload this request through the Provider Web Portal.

Questions? Call: (800) 525-2395

**DATE OF REQUEST:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Incomplete or illegible forms cannot be processed.</b>	
<b>RECIPIENT INFORMATION</b>	
Recipient Name (Last, First, MI):	
Recipient ID:	DOB:
Responsible Party Name:	
<b>REFERRING PROVIDER INFORMATION</b>	
Referring Provider Name:	NPI:
Phone:	Fax:
<b>PSYCHOLOGIST INFORMATION</b>	
Psychologist Name:	NPI:
Phone:	Fax:
<b>CLINICAL INFORMATION</b>	
Date of Testing:	
Requested Testing ( <i>enter the number of units for each code requested</i> ): ____96130 ____96131 ____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:	
Medications:	

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## Psychological Testing

Recipient Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

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

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:
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