Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Developmental Testing

Purpose: To request prior authorization for CPT codes 96112 and 96113.

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 Initial Clinical Interview:	Scheduled Date of Testing:
Number of Units Requested: ____ 96112 ____ 96113	

Has previous testing been performed? ☐ No ☐ Yes: If yes, enter date and results: _____/_____/_____
Results:

Is this request for Healthy Kids (EPSDT) services? ☐ No ☐ Yes

Current diagnosis/diagnoses under evaluation:

Current symptoms:

Relevant history:

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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.	**5.**
2.	**6.**
3.	**7.**
4.	**8.**
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.