Additional Information Required
For Psychological/Neurological Testing Request Procedure

In an effort to improve the psychological/neuropsychological testing request procedure for HealthChoices business, Community Care is requesting additional information on the form used in the authorization process.

In Section A., where member identification is requested, there is a new question regarding whether or not there is a primary insurance, such as a commercial, Medicare, or other existing plan. The name of the primary insurance is also necessary. In those cases where a primary insurance covers psychological and neuropsychological testing, Community Care is considered the secondary payer.

In addition, in Section K., the scheduled date of the testing and hours requested (adult testing only) have been set in bold type to ensure that there are no authorization delays. The new form to be used is attached.

If you have any questions, please contact Care Management for HealthChoices at 1-888-251-2224.