

REQUEST FOR PSYCHOLOGICAL TESTING HOURS

PROVIDER AGENCY

NAME: _____ NPI #: _____

PSYCHOLOGIST(S) _____

NAME & CREDENTIALS: _____ LICENSE #: _____

SE(S) or TECHNICIAN(S) _____ SE # or _____

NAME & CREDENTIALS: _____ LICENSE #: _____

Note: All providers (psychologists, SEs & technicians) involved in testing process must be identified. If there are no SE(s) or technicians involved, enter "None" or "N/A". Do not leave any lines blank.

PARTICIPANT NAME: _____ MID #: _____

Date of Request:	Date(s) of Service:
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Please indicate expected date range. Billing charges should accurately reflect the date the services were rendered. Request must be submitted within 60 days of services.

Total Testing Hours: (Include 4 hrs available w/o PA)	96101:	96102:	96103:
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Note: IDAPA 16.03.09.709.09 allows for two (2) computer-administered testing sessions and four (4) psychological or neuropsychological testing hours per calendar year without prior authorization, therefore these amounts will be subtracted from the total hours requested.

1. Please describe the reason psychological testing, or additional psychological testing, is needed:

IDAPA 16.03.09.709.03.c: Agency staff may deliver this service if they meet one (1) of the following qualifications: Licensed Psychologist, service extender as described in IDAPA 24.12.01, 'Rules of the Idaho State Board of Psychological Examiners'; or a qualified therapist listed in Subsection 715.03 of these rules who has documented evidence of education or training qualifying him to administer, score, interpret, and report findings for the psychological test he will be performing.

2. Master level therapists: please submit documented evidence of your education or training as described in the above paragraph. Please note that this evidence must be submitted with your initial request and thereafter only as renewal occurs.

Before faxing, please verify all fields are complete. Fax request & agency cover sheet with your contact information to: 1-888-560-1784