

**PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION, SINGLE
AUTOMATED INSTRUMENT VIA ELECTRONIC PLATFORM, WITH AUTOMATED RESULT
PP: 96146**

Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Does the purpose of the evaluation meet medical necessity criteria? (NOTE: If Question #1 scores a 1.5, then the purpose does not meet medical necessity, but the documentation demonstrates medical necessity. If Question #1 scores 0, then all remaining questions score 0.)	3	1.5	0	
2.	Is it clearly documented that the member was present for the evaluation? (NOTE: If question #2 scores a 0, then all remaining questions score 0.)	1	0		
3.	Does the evaluation meet service definition (psychological test administration, single instrument with automated results)? (NOTE: If question #3 scores 0, then all remaining questions score 0.)	1	0		
4.	Does the report contain the following: <ul style="list-style-type: none"> • Date of the service • Location of the service • Time spent (start/stop times) • Signature with appropriate credentials (NOTE: if there is no signature with appropriate credentials within 15 days of the start of the service, all remaining questions score 0.)	3	1.5	0	
5.	Does the record contain the automated results of the administered test?	3	1.5	0	

Total Score = _____ [Possible 11]

BEST PRACTICE QUESTIONS (do not factor into the scoring)

<p>Is the time claimed congruent to the manufacturer's standard times? 1 - YES 0 - NO</p>	<p>Does the documentation indicate that the results of the testing were reviewed with the consumer and/or family when appropriate? 1 - YES 0 - NO</p>
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