

# UPMC Health Plan

Behavioral Health Services



## Request for Psychological Testing Precertification

Either the provider doing the referral for psychological testing or the provider doing the testing must complete this form. However, the completed form must be reviewed and approved by the testing provider. Provide information as allowed by applicable state law. **Authorization for psychological testing will not be considered until all sections of this form are completed. To avoid potential issues with reimbursement, psychological testing is not to be initiated until authorization has been received.** Please send the completed form via fax to UPMC Health Plan Behavioral Health Services (fax) 1-888-249-5646.

Today's Date

Member Name  Member ID Number  DOB

### Person/Agency Making Request for Testing:

PCP                                       Psychotherapist                                       Parent  
 Medical Specialty (Specify Below)     Psychiatrist                                       Teacher  
Specialty                                        Court                                       School Staff (Specify) School Staff

### Referring Provider Information:

Name/Degree   
Address   
Phone Number   
Fax Number

### Testing Provider Information:

Name/Degree   
Address   
Phone Number   
Fax Number

### Current or Provisional DSM-IV:

Code	Description
1 <input type="text"/>	1 <input type="text"/>
2 <input type="text"/>	2 <input type="text"/>
3 <input type="text"/>	3 <input type="text"/>
4 <input type="text"/>	4 <input type="text"/>
5 <input type="text"/>	5 <input type="text"/>

What is the referral question to be answered by testing?

What are the current symptoms related to the referral question?

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How would the results of testing affect the treatment plan?

What information is testing expected to provide that cannot be determined by a diagnostic interview, review of psychological/psychiatric records, or second opinion?

### Medical/Psychological Evaluation:

Has client had a diagnostic interview?

Yes  No

If yes, date of interview

Has client had previous psych testing?

Yes  No

If yes, when and basic focus

Does client have medication prescribed?

Yes  No

If yes, see below

Psychotropic medications prescribed:

Antianxiety Agents

Anticonvulsants

Antidepressants

Antimanic Agents

Antiparkinsonian

Antipsychotic Agents

Sedatives/Hypnotics

NONE

Other:

### Current Substance Use:

Is member actively abusing any substance?

Yes  No

If yes, elaborate:

### Requested Testing:

CPT Code Requested:  96101 Psychological Testing (Bundled Rate - 1 unit for entire battery of tests)

96118 Neuropsychological Testing (Bundled Rate - 1 unit for entire battery of tests)

Date to be administered

Names and types of tests:

Additional Comments: