



Request for Authorization Psychological Testing

FAX AUTHORIZATIONS REQUESTS TO:
1-855-473-7902

Anthem Blue Cross Behavioral Health
Mental Health – 1-888-831-2246
Substance Abuse – 1-888-831-2246

General Information

Member name:	Date of birth	Age:	Member ID:
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Name of Psychologist:	Provider #:	Phone:	Fax:
Address:			

Formal psychological testing is not clinically indicated for routine screening or assessment of behavioral health disorders. Nor is psychological testing indicated for the administration of brief behavior rating scales and inventories as such scales and inventories are an expected part of a routine and complete diagnostic process. Other than in exceptional cases, a diagnostic interview and relevant rating scales should be completed by the psychologist prior to submission of requests for psychological testing authorization. Requests for educational testing or learning disabilities assessment for educational purposes should be referred to the public school system.

Clinical Assessment

Indicate which of the following assessments have been completed:			
<input type="checkbox"/> Psychiatric and medical history	<input type="checkbox"/> Clinical interview with patient	<input type="checkbox"/> Structured developmental & psychosocial history	<input type="checkbox"/> Direct observation of parent-child interactions
<input type="checkbox"/> Family history pertinent to testing request	<input type="checkbox"/> Interview with family member(s)	<input type="checkbox"/> Consultation with school/other important persons	<input type="checkbox"/> Medical evaluation
<input type="checkbox"/> Consultation with patient's physician	<input type="checkbox"/> Brief inventories and/or rating scales		

Clinical Information

Presenting problems, symptoms indicating need for testing:			
<input type="checkbox"/> Inattention	<input type="checkbox"/> Irritability	<input type="checkbox"/> Disorganization	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Mood lability	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Low motivation	<input type="checkbox"/> Poor attention span
<input type="checkbox"/> Distractibility	<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Depression	<input type="checkbox"/> Acting out behavior
<input type="checkbox"/> Attention seeking	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Low frustration tolerance	<input type="checkbox"/> Delusions
<input type="checkbox"/> Other Symptoms _____			
Duration of symptoms: <input type="checkbox"/> 0-3 Months <input type="checkbox"/> 3-6 Months <input type="checkbox"/> 6-12 Months <input type="checkbox"/> Over 12 Months			

Other pertinent history or clinical information relevant to request for psychological testing authorization:

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Date(s) of Diagnostic Interview(s): _____. Please identify any behavior rating scales or self-report measures (e.g., depression or anxiety scale, parent or teacher questionnaires, MAST, etc.) that were administered as part of the diagnostic interview and cite the results (percentiles, T-scores or standard scores):

Current possible DSM-IV TR diagnosis under evaluation:

Axis I: _____ Axis IV: _____
Axis II: _____ Axis V: _____
Axis III: _____ (current/highest in 12 months)

Has this patient had previous psychological testing? Yes No. If yes, date of testing ___ / ___ / _____. What were the results and reasons for retesting?

What are the specific questions to be answered by psychological testing that cannot be determined through other means, such as a comprehensive clinical assessment, history taking, family assessment, referral for psychiatric assessment, review of pertinent records, a medication review, chemical dependency assessment, referral for psycho-educational testing and/or use of observational rating scales?

Specifically, how will the proposed testing impact treatment decisions?

Possible tests requested:

<input type="checkbox"/> Rorschach Test	<input type="checkbox"/> Sentence Completion	<input type="checkbox"/> Anxiety Scale
<input type="checkbox"/> Conner's continuous performance test	<input type="checkbox"/> Bender Gestalt	<input type="checkbox"/> MMPI
<input type="checkbox"/> Personality inventory for children	<input type="checkbox"/> Wechsler Scales	<input type="checkbox"/> Depression Scale
<input type="checkbox"/> Personality Assessment Inventory	<input type="checkbox"/> WRAT-4	<input type="checkbox"/> Millon Inventories
Other :		

Total Time Requested in Hours: _____

Provider Signature/Credentials

Date submitted

Anthem Blue Cross Use Only

Date received: _____	Auth from: _____	Auth to: _____
Reference #: _____		Other: _____
96101 _____ hrs	96116 _____ hrs	96119 _____ hrs
96102 _____ hrs	96118 _____ hrs	96120 _____ hrs
96103 _____ hrs		

Authorization for routine outpatient care (90801, 90806, 90846, 90847) is not required for network providers treating eligible Anthem Blue Cross members.

NOTE: We are unable to process illegible or incomplete requests