

**NEW DIRECTIONS BEHAVIORAL HEALTH
REQUEST PSYCHOLOGICAL TESTING FORM FOR BCBS OF KANSAS**

Provider Info:

Name: _____ NPI# _____

Address: _____ Phone#: _____

Client Info:

Name: _____ Insured ID#: _____ DOB: _____

Axis I: _____ Axis II: _____ Axis III: _____

Axis IV: _____ GAF: Current _____ Past Year _____

Has the member had a psychiatric medication evaluation? Yes No planned unknown

Current medications and dosage: _____

Describe HX of psychiatric tx: _____

Dates and names of prior testing: _____

Referral source: _____

Testing instruments to be used: _____

Hours of testing needed and start date: _____

96101- 96102- 96103- 96116 96118- 96119- 96120-

Plan for giving feedback re: test results: _____

Diagnostic question to be answered with testing

Provider Signature

Date

Please FAX this request to: 816-237-2364

or Mail to: NDBH, PO Box 1627, Topeka, KS 66601-1627

For questions, please call: (800) 952-5906

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross and Blue Shield Association. New Directions is an independent company that administers behavioral health benefits on behalf of Blue Cross and Blue Shield of Kansas.