

Psychological Testing Authorization Request Form

Please fax completed form to:
(423) 591-9498 or 1-800-496-9600

OR

Submit online authorization requests as well as concurrent review updates through Availity®¹.

Requested Start Date for this authorization: _____

Member Information

Member Name: _____ Member ID#: _____

Member Address: _____

Date of Birth: _____ Member/Guardian Phone Number: _____

Parent/Guardian Name (if member is a minor): _____

Provider Contact Information (Contact Person): _____

Title: _____ Phone#: _____ Fax#: _____

DSM-5/ICD-10 Diagnosis Codes under evaluation: _____

Co-morbidities (medical conditions): _____

Treating Provider and Facility Information

Physician/Clinician: _____ Provider ID#/NPI: _____

Provider Address: _____

Phone#: _____ Fax#: _____

Clinical Information

Who initiated the referral for testing? _____

What are the referral questions?

Why is testing being requested at this time?

Describe how proposed testing will clarify diagnosis and impact future behavioral treatment:

Is the member currently under the care of a psychiatrist or receiving psychotropic medications from a medical provider? Yes No

Name and Specialty of provider: _____

Medications (Name, dosage, frequency):

Are there potential medical explanations of current symptoms/behaviors other than psychological?

Yes No

Explanation: _____

Evaluation Services

Integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, report writing and feedback to patient/family member:

Service activity	Time (hours/minutes)

Test Administration and Scoring

Specific psychological tests being requested (full name of test written out) with specified time for each one:

Test Name	Time (hours/minutes)

Total time required: _____

Include additional information below or attach additional clinical to fax.

If authorized, proposed testing date: _____

Testing regarding basic intellectual, cognitive, academic, developmental, psycho-motor and visual-motor functioning is usually considered educational. Testing that is partially or primarily for educational purposes is not a covered benefit. (This disqualifier may be subject to account specific arrangements.)

Signature of psychologist _____ Date Signed: _____

If you have questions, please contact us at (423) 535-5717 option 2 or eBusiness_marketing@bcbst.com.