Psychological Testing Request

All benefit coverage for Psychological Testing must be Pre-Authorized.

Name of Member to Receive Testing:	Member's DOB:
Subscriber's Insurance #:	Authorization Dates Requested: Start: / / End: / /

Psychologist:	Degree:	Phone #: ( )
Address: Street City State	Type of Licensure:	Fax #: ( )

Has the Diagnostic Interview (90801) taken place? ☐ Yes ☐ No	If yes, date Diagnostic Interview completed:

Testing Referred to Requesting Psychologist By: Name/Degree/Specialty/Phone:

Background Information (include current Level of Care, relevant symptoms, treatment history, previous attempts to answer diagnostic questions including dates and types of previous psychological/neuropsychological testing, psychotropic medications, risk factors, substance abuse issues, etc.):

Purpose of Testing (referral question, differential diagnostic issues to be addressed, contributions to clinical treatment plan):

Current and Provisional DSM-IV Diagnosis(es) If neuropsychological testing request, include applicable medical (Axis III) diagnosis(es) with ICD-9 code(s).

Axis I: Axis II: Axis III:

Rule Out Diagnosis(es):

List (Spell Out) All Tests Requested	Hours Requested

Total time requested: _____ CPT 96100 Psych Testing: _____ CPT 96117 Neuropsych Testing: _____

Feedback Session requested: ☐ Yes ☐ No If yes, CPT code: _____

Post-Service Request? Yes ☐ No ☐ If Post-Service Request, please call Care Management Center to see how request is processed.

Court Ordered? Yes ☐ No ☐ If Court Ordered, please call Care Management Center to see how request is processed.

NOTE: Incomplete forms may lead to delay in processing request. Turn around time for processing requests vary by benefit plans & State regulations, but will not exceed 10 calendar days from receipt of all needed information.* Authorizations are based on member's benefit plan, agreements with medical carriers, Federal/State Regulations, and UBH/USBHPC Psychological Testing Guidelines. Information may be submitted via fax, mail, or telephone and may be subject to the specific protocol of the Care Management Center. Please call the UBH/USBHPC number on the member's card for clarification.

* (Exception: For USBHPC members, requests are processed within 5 calendar days from receipt of all needed information).

Revised 04/22/05; 5/12/05