Authorization Request for Psychological Testing

Fill out completely to avoid delays. Once complete, submit via our website at **https://www.availity.com*** or fax this form to **1-844-462-0026**.

General information	
Member name:	
Member DOB:	Member ID:
Provider completing testing:	Office contact:
Provider phone:	Provider fax:
Provider ID or tax ID:	Provider NPI:
Provider address:	
Provider email:	

Formal psychological testing is not clinically indicated for routine screening or assessment of behavioral health disorders, nor is it indicated for the administration of brief behavior rating scales and inventories. Such scales and inventories are an expected part of a routine and complete diagnostic process. Other than in exceptional cases, a psychologist should complete a diagnostic interview and relevant rating scales prior to submission of requests for psychological testing authorization.

Psychological tests and services being requested		
CPT® code(s)	Units requested	Test names/service description

Requests for placement purposes and forensic purposes are not covered benefits. Requests for educational testing or learning disabilities assessment for educational purposes should be referred to the public school system.

* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

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Clinical assessment (Indicate which of the following assessments have been completed.)			
☐ Brief inventories and/or rating scales	☐ Consultation with school/other important persons	☐ Interview with family members	☐ Review of academic records/individualized education program
☐ Clinical interview with patient	☐ Direct observations of patient-child interactions	☐ Medical evaluation	☐ Review of medical records
☐ Consultation with patient's physician	☐ Family history pertinent to testing request	☐ Psychiatric and medical history	☐ Structured developmental and social history

Clinical information (Indicate which of the following problems and symptoms presented a need for testing.)				
☐ Acting out behavior	☐ Depression	☐ Impulsivity	☐ Lethargy	☐ Poor attention span
☐ Anxiety	☐ Disorganization	☐ Inattention	☐ Low frustration tolerance	☐ Speech and language delays
☐ Attention seeking	☐ Distractibility	☐ Irritability	☐ Low motivation	☐ Suicidal or homicidal ideation
☐ Delusions	☐ Hallucinations	☐ Labile mood	☐ Other developmental delays	☐ Violence or physical aggression
☐ Other				
History of SA? (On neuro too)				

Treatment history (Please provide information regarding treatment history.)				
	Frequency	**How long has member been in treatment?**	**Is member still in treatment?**	**Have symptoms improved?**
Individual therapy				
Medication management				
School or home-based				
Other services				

Date of diagnostic interview:	Completed by:

Rating scales (Please indicate which rating scales have been administered as part of your clinical assessment.)				
☐ Achenbach	☐ ADHD rating	☐ BAI	☐ BASC	☐ BDI
☐ Brief	☐ CBCL	☐ CDI	☐ Conner's	☐ MASC
☐ MDQ	☐ PCL-5	☐ RAD	☐ STAI	☐ TSCC
☐ Other:				

Please include any pertinent results of rating scales:
Other pertinent information (Please include any other information that supports the request for psychological testing — for example, when was IDI completed and by whom.)
Previous psychological testing (Please include any information regarding previous psychological testing, such as dates of testing or results, and why retesting is requested**.)**
DSM-5/ICD-10-CM diagnoses
Rationale for testing (Please describe the rationale for testing — What are the current questions to be answered that cannot be addressed by the clinical interview, review of records and rating scales that you have already administered? How will the results of testing impact the course of treatment?)
Is this a request for a trauma assessment? ☐ Yes ☐ No

Total units requested:	**Total time requested:**
Provider signature:	
Date:	