

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.

https://provider.healthybluemo.com

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

BMOPEC-0080-20 August 2020

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

Ciinicai assessmer	Clinical assessment (Indicate which of the following assessments have been completed.)						
☐ Brief inventories ☐ Consultation		n with	☐ Interview with family		☐ Review of academic		
and/or rating scales school/other		r important			records/individualized		
· ·	persons		•			education program	
☐ Clinical interview	with	□ Direct obser	vations of	☐ Medica	al evaluation	☐ Review of medical	
patient		patient-child				records	
		interactions					
☐ Consultation with	Consultation with ☐ Family histor						tructured
patient's physiciar	1	pertinent to testing		medical history		developmental and	
request						ocial history	
Clinical information						sented	
☐ Acting out behavior	□ D	epression	☐ Impulsi	vity	☐ Lethargy		☐ Poor attention span
☐ Anxiety	\Box D	isorganization	☐ Inatten	tion	☐ Low frustration		☐ Speech and
,		· ·			tolerance		language
							delays
□ Attention	\Box D	istractibility	□ Irritabili	ity	□ Low motivati	on	□ Suicidal or
seeking							homicidal
							ideation
☐ Delusions	□H	allucinations	☐ Labile r	nood	□ Other		☐ Violence or
					developmen	tal	physical _.
					delays		aggression
☐ Other							
History of SA? (On n	L Leuro f	.00)					
Treatment history (Please provide information regarding treatment history.)							
Treatment history (Pleas	e provide inform	nation regard	ding treatme	ent history.)		
Treatment history (e provide inform quency	How long	j has	Is member stil	lin	Have symptoms
Treatment history (How long member l	g has been in		l in	Have symptoms improved?
			How long	g has been in	Is member stil	l in	,
Treatment history (How long member l	g has been in	Is member stil	l in	,
			How long member l	g has been in	Is member stil	l in	,
Individual therapy			How long member l	g has been in	Is member stil	lin	,
Individual therapy Medication			How long member l	g has been in	Is member stil	lin	,
Individual therapy			How long member l	g has been in	Is member stil	lin	,
Individual therapy Medication			How long member l	g has been in	Is member stil	lin	,
Individual therapy Medication management			How long member l	g has been in	Is member stil	lin	,
Individual therapy Medication management School or home-based			How long member l	g has been in	Is member stil	lin	,
Individual therapy Medication management School or			How long member l	g has been in	Is member stil	lin	,
Individual therapy Medication management School or home-based			How long member l	g has been in	Is member stil	lin	,
Individual therapy Medication management School or home-based Other services	Fred	quency	How long member l	y has been in t?	Is member stil treatment?	lin	,
Individual therapy Medication management School or home-based	Fred	quency	How long member l	g has been in	Is member stil treatment?	lin	,
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Individual therapy Medication management School or home-based Other services Date of diagnostic in Rating scales (Plea assessment.)	Fred tervie	w:	How long member I treatmen	complete	Is member stil treatment?		our clinical
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Individual therapy Medication management School or home-based Other services Date of diagnostic in Rating scales (Plea assessment.) Achenbach Brief	tervie ase inc	w: licate which rating BCL	How long member I treatmen	complete	Is member stil treatment? In the description of th		our clinical BDI MASC
Individual therapy Medication management School or home-based Other services Date of diagnostic in Rating scales (Plea assessment.) Achenbach	tervie	w: licate which ratin	How long member I treatmen	complete	Is member stil treatment? ed by: Iministered as pa		improved?

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Please include any pertinent results of rating scales:				
Please include any pertinent results of fatting scales.				
Other pertinent information (Please include any other	er information that supports the request for			
psychological testing — for example, when was IDI co				
poyenoiogioai tootiing — roi example, inton mao ibi oo	inploted and by inform,			
Previous psychological testing (Please include any	information regarding previous psychological			
testing, such as dates of testing or results, and why re				
tooming, outsined dates of tooming of research and mily re	toothing to roduce tour,			
DSM-5/ICD-10-CM diagnoses				
<u> </u>				
Rationale for testing (Please describe the rationale f	or 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?)				
mare alleady daministered. Here the tractice of teeting impact the observe of treatments)				
Is this a request for a trauma assessment? ☐ Yes ☐ No				
Total units requested:	Total time requested:			
	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Provider signature:				
Date:				
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