Anthem Blue Cross and Blue Shield Medicaid

Request for Authorization – Psychological Testing

Anthem Blue Cross and Blue Shield Medicaid (Anthem) 1-855-661-2028 (Telephone) • 1-866-877-5229 (Fax)

General Information

Member Name:	[Name]	Name of Psychologist:	[Name]
Date of Birth:	[Birth date]	Address:	[Address]
Age:	[Age]	Anthem Provider ID Number:	[ID number]
Anthem Member ID Number:	[ID number]	Phone:	[Phone]
		Fax:	[Fax]

Formal psychological testing is neither clinically indicated for routine screening or assessment of behavioral health disorders, nor is psychological testing 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 diagnostic interview and relevant rating scales should be completed by the psychologist prior to submission of requests for psychological testing authorization. Requests for educational testing or learning disabilities assessment for educational purposes should be referred to the public school system.

Clinical Assessment

Indicate which of the following assessments have been completed:			
☐ Psychiatric and medical history	☐ Clinical interview with patient	☐ Structured developmental and psychosocial history	☐ Direct observation of parent-child interactions
☐ Family history pertinent to testing request	☐ Interview with family member(s)	☐ Consultation with school/other important persons	☐ Medical evaluation
☐ Consultation with patient's physician	☐ Brief inventories and/or rating scales		

Clinical Information

Presenting problems and symptoms indicating need for testing:			
☐ Inattention	☐ Irritability	☐ Disorganization	☐ Anxiety
☐ Mood lability	☐ Lethargy	☐ Low motivation	☐ Poor attention span
☐ Distractibility	☐ Impulsivity	☐ Depression	☐ Acting out behavior
☐ Attention seeking	☐ Hallucinations	☐ Low frustration tolerance	☐ Delusions
Other symptoms: _____			
Duration of symptoms: ☐ 0–3 Months ☐ 3–6 Months ☐ 6–12 Months ☐ Over 12 Months			

Please list any other pertinent history or clinical information relevant to the request for psychological testing authorization:

_____

_____

Date(s) of diagnostic interview(s): _____. Please identify any behavior rating scales or self-report measures (e.g., depression or anxiety scale, parent or teacher questionnaires, MAST, etc.) that were administered as part of the diagnostic interview and cite the results (percentiles, T-scores or standard scores): _____
_____
_____

Current possible DSM-IV TR diagnosis under evaluation:
Axis I: _____ Axis IV: _____
Axis II: _____ Axis V: _____
Axis III: _____ (current/highest in 12 months)

Has this patient had previous psychological testing? ☐ Yes ☐ No If yes, date of testing: _____

What were the results and reasons for retesting? _____
_____
_____

What are the specific questions to be answered by psychological testing that cannot be determined through other means, such as a comprehensive clinical assessment, history taking, family assessment, referral for psychiatric assessment, review of pertinent records, a medication review, chemical dependency assessment, referral for psychoeducational testing and/or use of observational rating scales?
_____
_____
_____

Specifically, how will the proposed testing impact treatment decisions? _____
_____
_____

Possible tests requested:

☐ Rorschach test	☐ Sentence Completion	☐ Anxiety Scale
☐ Conner's Continuous Performance Test (CPT)	☐ Bender Gestalt	☐ MMPI
☐ Personality Inventory for Children (PIC)	☐ Wechsler	☐ Depression Scale
☐ Personality Assessment Inventory (PAI)	☐ WRAT-4	☐ Millon™ Inventories
Other:		

Total time requested in hours: _____

_____ _____
Provider Signature/Credentials **Date submitted**

Anthem USE ONLY		
Date received: _____	Auth from: _____	Auth to: _____
Reference number: _____	96101 _____ hrs 96102 _____ hrs 96103 _____ hrs 96116 _____ hrs 96118 _____ hrs 96119 _____ hrs 96120 _____ hrs	Other: _____

Authorization for routine outpatient care (90801, 90806, 90846 and 90847) is not required for network providers treating eligible Anthem Blue Cross and Blue Shield Medicaid members.

NOTE: We are unable to process illegible or incomplete requests