



# PSYCHOLOGICAL TESTING REQUEST FORM

Please fax completed form to (888) 216-4795.

<b>Name of Member to Receive Testing:</b>		<b>Member's DOB:</b>
<b>Subscriber's Insurance #:</b>		<b>Authorization Dates Requested:</b> Start: / / End: / /
<b>Psychologist:</b>	<b>Degree:</b>	<b>Type of License:</b>
<b>Address:</b> Street: City: State:		<b>Phone:</b> ( ) <b>Fax:</b> ( )
<b>Has a diagnostic interview (90801) taken place?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date diagnostic interview completed:</b> / / (90801 is billed under an Open Authorization.)	
<b>Provider Who Referred Member to Psychologist for Testing (name and degree, specialty, phone #):</b>		
<b>Case Background:</b> (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, co-occurring substance disorders and medical conditions, etc.)		
<b>Purpose of Testing:</b> (Specify referral questions, outstanding issues related to differential diagnosis, contributions to the treatment plan.)		
<b>DSM-IV Diagnosis(es):</b> (Complete all axes.) Axis I: Axis II: Axis III:		
<b>Rule Out Diagnosis(es) to be Evaluated:</b>		
<b>List All Tests Required:</b>		
<b>Total Hours of Authorization for Testing:</b> (Do not include 90801, 90806 or 90846. These codes are covered under UBH Open Authorization.)		
<b>Psychological Testing:</b> 96101 = 96102 = 96103 =		<b>Neuropsychological Testing:</b> 96118 = 96119 = 96120 =
<b>Feedback Session Requested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please bill as 90806/90846 and claim under UBH open authorization, or specify CPT code requested.)		
<b>Post-service Request?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state service date range.)	<b>Court-ordered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note:** All benefit coverage for psychological testing must be pre-authorized. Information may be submitted to the fax number above or by mail or telephone. An incomplete form may delay processing. Authorizations are based on the member's eligibility, terms of the benefit plan, Federal/State Regulations, and UBH/PBH Policies & Procedures and Psychological Testing Guidelines.

Please call the toll-free number on the member's insurance card if you have any questions.

Revised 04/09/2008