

Request for Authorization Psychological Testing

Anthem Blue Cross (Anthem) behavioral health:

Fax authorizations requests to:
855-473-7902

Mental health: **888-831-2246**
Substance use: **888-831-2246**

General information

Member name:	DOB:	Age:	Member ID:
Name of psychologist:	Address:		
Provider #:	Provider NPI:		
Provider phone #:	Provider fax #:		
Provider email:			

Formal psychological testing is not 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 as 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:			
<input type="checkbox"/> Psychiatric and medical history	<input type="checkbox"/> Clinical interview with patient	<input type="checkbox"/> Structured developmental & psychosocial history	<input type="checkbox"/> Consultation with school/other important persons
<input type="checkbox"/> Family history pertinent to testing request	<input type="checkbox"/> Interview with family member(s)	<input type="checkbox"/> Direct observation of parent-child interactions	<input type="checkbox"/> Medical evaluation
<input type="checkbox"/> Consultation with patient's physician	<input type="checkbox"/> Brief inventories and/or rating scales	<input type="checkbox"/> Review of academic records/ <i>Individualized Education Program</i>	<input type="checkbox"/> Clinical interview with patient

Clinical information

Presenting problems, symptoms indicating need for testing:			
<input type="checkbox"/> Inattention	<input type="checkbox"/> Irritability	<input type="checkbox"/> Disorganization	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Mood lability	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Low motivation	<input type="checkbox"/> Poor attention span
<input type="checkbox"/> Distractibility	<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Depression	<input type="checkbox"/> Acting out behavior
<input type="checkbox"/> Attention seeking	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Low frustration tolerance	<input type="checkbox"/> Delusions
<input type="checkbox"/> Other symptoms: _____			
Duration of symptoms: <input type="checkbox"/> 0-3 Months <input type="checkbox"/> 3-6 Months <input type="checkbox"/> 6-12 Months <input type="checkbox"/> Over 12 Months			

Other pertinent history or clinical information relevant to request for psychological testing authorization:

<https://providers.anthem.com/ca>

Date(s) of diagnostic interview(s): _____. Please identify any behavior rating scales or self-report measures (for example, 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):

DSM-5/ICD-10-CM diagnosis

Rating scales (Please indicate which rating scales have been administered as part of your clinical assessment prior to submitting the testing request.)

<input type="checkbox"/> Behavior Assessment System for Children <input type="checkbox"/> Conners Comprehensive Behavior Rating Scales <input type="checkbox"/> Achenbach System of Empirically Based Assessment <input type="checkbox"/> Behavior Rating Inventory of Executive Function [®] <input type="checkbox"/> Multidimensional Anxiety Scale for Children <input type="checkbox"/> Post-Traumatic Stress Disorder Checklist for DSM-5 <input type="checkbox"/> Mood Disorder Questionnaire <input type="checkbox"/> ADHD rating	<input type="checkbox"/> Child Behavior Checklist <input type="checkbox"/> Children's Depression Inventory <input type="checkbox"/> Reactive Attachment Disorder Checklist <input type="checkbox"/> Trauma Symptom Checklist for Children™ <input type="checkbox"/> State-Trait Anxiety Inventory <input type="checkbox"/> Beck Depression Inventory <input type="checkbox"/> Beck Anxiety Inventory
<input type="checkbox"/> Other:	
Please include any pertinent results of rating scales.	

Treatment history (Please provide information regarding treatment history.)

	How often does the member receive services (for example, weekly, biweekly, monthly)?	How long has the member been in treatment?	Is member still in treatment?	Have the member's symptoms improved?
Individual therapy				
Medication management				
School- or home-based treatment				
Other services				

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 psycho-educational testing and/or use of observational rating scales?

Specifically, how will the proposed testing impact treatment decisions?

Date received: _____	Auth from: _____	Auth to: _____
Reference #: _____		Other: _____
96130 _____ hrs	96132 _____ hrs	96136 _____ hrs
96131 _____ hrs	96133 _____ hrs	96137 _____ hrs
96138 _____ hrs	96139 _____ hrs	96116 _____ hrs
96105 _____ hrs	96110 _____ hrs	
96121 _____ hrs		

Psychological tests requested

Signature: _____ **Date submitted:** _____

Anthem use only		
Reference number: _____	Authorization from: _____	Authorization to: _____
Approve: _____		

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

Note: We are unable to process illegible or incomplete requests.