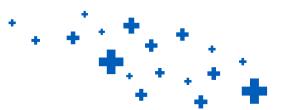


1 Cameron Hill Circle Chattanooga, TN 373402 bluecare.bcbst.com





CoverKids

Psychological Testing Authorization Request Form

Please fax completed form to: CoverKids Fax: 800-851-2491

OR

Submit online authorization requests by uploading this form via BlueAccessSM anytime day or night*

Requested Start Date for this authorization:

Member I	nformatio	r
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Member Name:	Mem	ber ID#:
Member Address:		
	Member/Guardian Phone Number:	
Parent/Guardian Name (if member is a mino	r):	
	on):	
Title:	Phone#:	Fax#:
DSM-5/ICD-10 Diagnosis Codes under evalua	ation:	
Co-morbidities (medical conditions):		
Treating Provider and Facility Info		
	Provider ID#/NPI:	
Provider Address:		
Phone#: Fax#:		
Date of order:		
Clinical Information		
Date of initial evaluation/assessment:		
Who initiated the referral for testing?		
What are the referral questions and why is to	esting being requested at this time?	
Describe how proposed testing will clarify d	iagnosis and impact future behavioral treatment:	

What is the presenting problem? Include frequency, duration and severity.

Is the member currently under the care of a psychiatrist or receiving psychotropic medicati	ons from a medical provider? □Yes □No
Name and Specialty of provider:	
Current medications (Name, dosage, frequency):	
Treatment History (current/past, type and frequency):	
Are there potential medical explanations of current symptoms/behaviors other than psychological explanation:	ological? 🗆 Yes 🗖 No
List test(s) planned and time required (note time required for each test should include admi write-up	nistration, scoring, interpretation and brief
Specific test	Hours required
$\label{total time required:} Total\ time\ required: \\ \textbf{Include additional information below or attach additional clinical to fax.}$	
If authorized, proposed testing date:	

Assessment history (include any psychological testing, medical, psychiatric and neurological exams, dates and results)

1.	Testing regarding basic intellectual, cognitive, academic, developmental, psycho-motor and visual-motor functioning is usually
	considered educational. Testing that is partially or primarily for educational purposes is not a covered benefit. (This disqualifier may
	be subject to account specific arrangements.)

2.	ADHD can in most instances be made on the basis of DSM-5 criteria alone and such diagnosis does not necessarily require
	psychological testing. Extensive testing for ADHD is not authorized prior to a thorough evaluation that includes rating scales.
	(Providers should complete a diagnostic evaluation and a subsequent session for rating scale review and feedback before requesting
	further ADHD testing. A clear explanation above as to why this initial evaluation was insufficient to answer the ADHD referral
	questions will be needed above.)

Signature of psychologist	Date Signed:	

BlueCare Tennessee

1 Cameron Hill Circle | Chattanooga, TN 37402 | bluecare.bcbst.com

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16PED444 (2/16) Psychological Testing Authorization Request Form

^{*} Contact the eBusiness Marketing team for all your BlueAccess registration and training needs by calling 423-535-5717 option 2 or emailing eBusiness_marketing@bcbst.com.