



# 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 BlueAccess<sup>SM</sup> anytime day or night\*

Requested Start Date for this authorization:

## Member Information

Member Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Member Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Member/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Name (if member is a minor): \_\_\_\_\_

Provider Contact Information (Contact Person): \_\_\_\_\_

Title: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

DSM-5/ICD-10 Diagnosis Codes under evaluation: \_\_\_\_\_

Co-morbidities (medical conditions): \_\_\_\_\_

## Treating Provider and Facility Information

Ordering Physician/Clinician: \_\_\_\_\_ 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 testing being requested at this time?

Describe how proposed testing will clarify diagnosis and impact future behavioral treatment:

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



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: \_\_\_\_\_

\* 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](mailto:eBusiness_marketing@bcbst.com).