

Psychological/Neuropsychological Testing Form

Please check the appropriate service you're requesting:

- Psychological Testing Neuropsychological Testing

Please check line of business for this form:

- BlueAdvantage (PPO)SM BlueCare Plus (HMO SNP)SM CoverKids
 BlueCareSM TennCare*Select*

Member Number: _____

Member Name: _____

Member Date of Birth: _____

Member Contact Number: _____

Date Request Sent: _____

Case Type: Psychological or Neuropsychological Testing

Provider Name: _____

Provider Phone: _____ Provider Fax: _____

UR Contact Name: _____ UR Contact Phone: _____

Place of Service: Office

Requesting Clinician:

Clinician Provider ID #: _____

Clinician NPI #: _____

Clinician Address: _____

Treating Clinician (list credentials): _____

Clinician Provider ID #: _____

Clinician NPI #: _____

Clinician Address: _____

Requested Facility: _____

Facility Provider ID #: _____

Facility NPI #: _____

Facility Address:

Psychiatric ICD-10 Diagnosis Codes:

1) _____

2) _____

3) _____

4) _____

5) _____

Medical ICD-10 Diagnosis Codes:

1) _____

2) _____

3) _____

4) _____

5) _____

Requested Start Date of Service: _____

(Note: If start date is prior to the request received date, it must be requested as a retrospective review and may be denied for non-compliance.)

Clinical Information Section

Date when member initiated request for this service: _____

Who initiated referral for psychological or neuropsychological testing?

Why is testing being requested at this time?

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

Describe in detail the patient's current condition and symptoms:

Treatment History:

**Prior Testing and Date of Last Testing
(psychological, medical, psychiatric and neurological exams with results):**

| |
|--|
| |
| |
| |
| |
| |
| |

| Medications | Dose | Frequency | Dates | Outcome |
|--------------------|-------------|------------------|--------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Medication adherence? Barriers to adherence?

Substance abuse concerns?

If repeat testing is being requested, why is it needed at this time?

Evaluation Services

(Note: One unit equals one hour.)

Integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, report writing and feedback to patient/family member:

| Service Activity | Time (units being requested) |
|------------------|------------------------------|
| | |
| | |
| | |
| | |

Test Administration and Scoring

(Note: One unit equals 30 minutes.)

Specific psychological tests being requested (full name of test written out) with specified time for each one:

| Test Name | Time (units being requested) |
|-----------|------------------------------|
| | |
| | |
| | |
| | |

Test Administration and Scoring (continued)

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

Total Units Being Requested: _____

Signature of Ordering Clinician with Credentials (Required in order to process):

Date of Signature: _____

Fax Precertification Numbers:

BlueAdvantage: 1-888-535-5243

BlueCare Plus: 1-866-325-6698

Bluecare/TennCare*Select*: 1-800-292-5311

CoverKids: 1-800-851-2491

Customer Service Numbers:

BlueAdvantage: 1-800-841-7434

BlueCare Plus: 1-800-299-1407

BlueCare: 1-800-468-9736

TennCare*Select*: 1-800-276-1978

CoverKids: 1-800-924-7141



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbstmedicare.com

BlueCross BlueShield of Tennessee, Inc., BlueCare Tennessee, and BlueCare Plus Tennessee are Independent Licensees of the Blue Cross Blue Shield Association. BlueAdvantage is a PPO plan with a Medicare contract. BlueCare Plus Tennessee is an HMO SNP plan with a Medicare contract and a contract with the Tennessee Medicaid program. Enrollment in BlueCross BlueShield of Tennessee, Inc., and BlueCare Plus Tennessee depends on contract renewal.