

## REQUEST FOR PSYCHOLOGICAL TESTING

## **General Instructions:**

- Type or print neatly in the designated fields
- Complete all fields
- Write the numerical diagnosis code(s) from the DSM-5 or ICD-10
- Enter the total number of testing hours or units requested next to the appropriate CPT code(s) listed on the form

## Return via fax to the appropriate fax number:

Florida Blue: 816-237-2382
BCBS Kansas: 816-237-2364
BCBS Kansas City: 816-237-2382

• BCBS Louisiana & Louisiana Blue Advantage: 877-212-5640

• Walmart: 816-237-2382

• New Directions Employee: 816-416-7788

If your client is covered as an employee of New Directions Behavioral Health or a spouse or dependent of a NDBH employee, please return by fax to our Internal Behavior Health Benefit Review team.

<sup>\*\*</sup>For verification of benefits, eligibility, authorization requirements, and allowable codes, please call the customer service number listed on the member's insurance ID card.



## **Request for Psychological Testing**

Please type or print legibly - Attach additional pages if necessary Before submitting your request, please refer to the cover page to determine if an authorization is required Insurance ID Number: Date of Request: Patient's Name: Date of Birth: **Provider's Credentials:** Provider's Name: Select all credential(s) of person(s) administering the testing: ☐ Qualified Health Professional, List: □Technician Tax ID: **NPI Number: Provider Service Address: Provider Phone Number: Provider Fax Number:** Person Completing Form: **Contact Number:** Is this a Retrospective Request? (Please attach documentation of testing for retrospective authorization review) **Testing Start Date: Testing End Date:** Was the member seen face-to-face prior **Referral Source:** Yes □No to testing? Current ICD-10 Behavioral Health Diagnosis Code: (This should be an F code; Please note the diagnosis code submitted with the claim will determine which benefit rule will apply when the claim is submitted. Medical Diagnosis should be authorized and billed through the Health Plan) Current Medical Diagnoses: (Please note the diagnosis code submitted with the claim will determine which benefit rule will apply when the claim is submitted. Medical Diagnosis should be authorized and billed through the Health Plan) **Current Psychotropic Medications: Describe History of Psychiatric Treatment:** Please List Dates of Prior Testing and Names of Prior Testing Tools: Diagnostic question(s) to be answered with ☐R/O ADHD Diagnosis ☐ R/O Learning Disability ☐R/O Autism Spectrum testing:  $\square$  Academic Assessment ☐ Assess Cognitive Functioning ☐ Assessment of Mental/Behavioral Symptoms ☐ Assess for Medical/Surgical Procedure Other, please list: Please explain the therapeutic rationale that the testing will provide: (justification for testing; what will the benefit of the testing be; how will findings benefit the treatment plan, etc.) Type(s) of Testing Tool(s) that will be administered: ☐ Neurological / Psychological □ Screening □ Computerized ☐Self-Report Other Please list testing instruments that will be administered:

Please indicate # units requested per code being requested (keep in mind for some codes 1 unit = 1 hour; for others 1 unit = 30 min)

96133

(add on code)

96136

96137

(add on code)

96138

96139

(add on code)

96146

Other

96132

96131

(add on code)

96130

96116

96121

(add on code)