



Request for Authorization Psychological Testing

Anthem Blue Cross (Anthem) Behavioral Health: 1-888-831-2246

Fax authorization requests to: 1-855-473-7902

General information

Member name: _____	Member DOB: _____
Member ID: _____	Member age: _____
Name of psychologist: _____	Provider number: _____
Address: _____	Provider NPI: _____
	Provider phone: _____
Email: _____	Provider fax: _____

Formal psychological testing is not clinically indicated for routine screening or assessment of behavioral health disorders. Administration of brief behavior rating scales and inventories is an expected part of a routine and complete diagnostic process. A diagnostic interview and relevant rating scales should be completed by the psychologist prior to the submission of requests for psychological testing authorization in all cases other than exceptional ones. Requests for placement purposes, disability evaluations and forensic purposes are not covered benefits. Requests for educational testing or learning disabilities assessments for educational purposes should be referred to the public school system.

Clinical assessment (Please indicate which of the following assessments have been completed.)

<input type="checkbox"/> Psychiatric and medical history	<input type="checkbox"/> Medical evaluation
<input type="checkbox"/> Family history pertinent to testing request	<input type="checkbox"/> Interview with family members
<input type="checkbox"/> Structured developmental and social history	<input type="checkbox"/> Consultation with patient's physician
<input type="checkbox"/> Direct observation of parent/child interactions	<input type="checkbox"/> Review of medical records
<input type="checkbox"/> Consultation with school/other important persons	<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 (Please identify presenting problems and symptoms that indicate need for testing.)

<input type="checkbox"/> Inattention	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Labile mood	<input type="checkbox"/> Low frustration tolerance
<input type="checkbox"/> Irritability	<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Low motivation	<input type="checkbox"/> Suicidal/homicidal ideation
<input type="checkbox"/> Disorganization	<input type="checkbox"/> Distractibility	<input type="checkbox"/> Poor attention span	<input type="checkbox"/> Violence/physical aggression
<input type="checkbox"/> Depression	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Acting out behavior	<input type="checkbox"/> Speech and language delays
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Delusions	<input type="checkbox"/> Attention seeking	<input type="checkbox"/> Other developmental delays
<input type="checkbox"/> Other: _____			
Duration of symptoms:	<input type="checkbox"/> 0 to 3 months	<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> 6 to 9 months
	<input type="checkbox"/> 9 to 12 months	<input type="checkbox"/> greater than 12 months	

Date of diagnostic interview: _____

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

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

Other pertinent information

Please include any other information that supports the request for psychological testing.

Previous psychological testing

Please include any information regarding previous psychological testing (for example, dates of testing, results) and why retesting is requested.

DSM-5/ICD-10-CM diagnosis

Rationale for testing

Please describe the rationale for testing. What are the current questions to be answered that cannot be addressed by the clinical interview, review of records and rating scales that you have already administered? How will the results of testing impact the course of treatment?

Is this a request for a trauma assessment? Yes No

Psychological tests requested

Please list the tests you are requesting and the administration time. For tests with multiple versions, specify which test is requested. If you are administering selected subtests, please indicate which tests. Please attach a separate sheet if necessary.

CPT code/hours requested:

96101 _____ hours

96116 _____ hours

96119 _____ hours

96102 _____ hours

96118 _____ hours

96120 _____ hours

96103 _____ hours

Total time requested in hours: _____

Provider signature: _____

Date: _____

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

Anthem use only

Reference number: _____ Authorization from: _____ Authorization to: _____

Approve: _____