



Psychological Testing Authorization Request Form

Please fax completed form to:
BlueCare Plus Fax: 866-325-6698

OR

Submit online authorization requests by uploading this form via BlueAccessSM 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.