



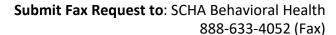
Member Information

Psychological Testing Authorization

Providers are required to submit this form <u>after benefit threshold</u> has been met. In most cases, an initial diagnostic interview must be completed prior to psychological testing being authorized. Authorization for psychological testing will not be considered until all sections of this form are completed. To avoid delay in the authorization process, complete all sections. Please fax the completed form.

Provider Information Name: Address: NPI: TIN: Phone Number: Fax Number: Service Information Service Code Test Name / Acronym Service Date Time Requested Time Requested Total Hours General Information	Name:		ID Number:				
Name: Address: NPI: TIN: Phone Number: Fax Number: Service Information Service Code Test Name / Acronym Service Date Time Requested Total Hours General Information DA Performed Date: DA Codes: If not indicated above, how many hours are in the complete battery? hours	Date of Birth:		Address:				
NPI: TIN: Phone Number: Fax Number: Service Information Service Code Test Name / Acronym Service Date Time Requested Time Requested Total Hours General Information DA Performed Date: DA Codes: If not indicated above, how many hours are in the complete battery? hours	Provider Information						
Phone Number: Service Information Service Code Test Name / Acronym Service Date Time Requested Total Hours General Information DA Performed Date: If not indicated above, how many hours are in the complete battery? hours	Name:		Address:				
Service Code Test Name / Acronym Service Date Time Requested	NPI:		TIN:				
Service Code Test Name / Acronym Service Date Time Requested	Phone Number:		Fax Number:				
General Information DA Performed Date: If not indicated above, how many hours are in the complete battery? Data Da	Service Information						
General Information DA Performed Date: If not indicated above, how many hours are in the complete battery? hours	Service Code Test Name / Acronym	1	Service	Date	Time Requested		
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DA Performed Date: If not indicated above, how many hours are in the complete battery? hours	Total Hours						
DA Performed Date: If not indicated above, how many hours are in the complete battery? hours							
DA Performed Date: If not indicated above, how many hours are in the complete battery? hours							
If not indicated above, how many hours are in the complete battery? hours	General Information						
	DA Performed Date: DA Codes:						
Is testing court ordered? ☐ Yes ☐ No If yes, submit court order	If not indicated above, how many hours are in the comp	lete	battery?	hou	rs		
<u> </u>							
Questions to be answered by the testing listed on page 1 that cannot be determined by a diagnostic interview, review of							
psychological / psychiatric records or second opinion:							

SCHA Behavioral Health: 888-633-4051 (Phone)





Psychological Testing Authorization

Supporting Clinical								
How will testing affect the treatment plan?								
Drief summany of surrent summans /hahaviere /diagnosis /history /or attach clinical nates)								
Brief summary of current symptoms/behaviors/diagnosis/history (or attach clinical notes)								
Medical and Psychological Evaluation and Treatment								
Has member had a diagnostic interview?	□ Yes	□ No	If yes, date of interview:					
Has member had a psychiatrist evaluation?	□ Yes	□ No	If yes, date of interview:					
Has member had previous psychological testing?	□ Yes	□ No	If yes, date:					
If there are any extenuating circumstances which necessitate longer than normal test times, please elaborate:								
Print Provider's Name:		Provider Credentials:						
Provider's Signature:		Date:						

Prior authorization or predetermination confirms medical necessity only and does not guarantee payment. Payment is determined at the time the claim is received and is subject to health plan exclusions and out-of-network benefits.

Plan coverage must be in effect for the member at the time services are rendered.

SCHA Behavioral Health: 888-633-4051 (Phone)

SCHA Provider Call Center: 888-633-4055 (Phone)

^{*}This form will not be accepted without the Mental Health Provider's signature.

^{*}Please follow government thresholds and authorization requirements for continued services.