South Country HEALTH ALLIANCE

Submit Fax Request to: SCHA Behavioral Health
888-633-4052 (Fax)

Psychological Testing Authorization

Providers are required to submit this form after benefit threshold 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.

Member Information	
Name:	ID Number:
Date of Birth:	Address:
Provider Information	
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
Is testing court ordered? ☐ Yes ☐ No If yes, submit court order	
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:	

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Supporting Clinical				
How will testing affect the treatment plan?				
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:**

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

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

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.

Reset Form

South Country Health Alliance
2300 Park Drive, Ste 100
Owatonna, MN 55060

SCHA Behavioral Health: 888-633-4051 (Phone)
SCHA Provider Call Center: 888-633-4055 (Phone)