UPMC Health Plan

Behavioral Health Services

Request for Psychological Testing Precertification

Either the provider doing the referral for psychological testing or the provider doing the testing must complete this form. However, the completed form must be reviewed and approved by the testing provider. Provide information as allowed by applicable state law. **Authorization for psychological testing will not be considered until all sections of this form are completed. To avoid potential issues with reimbursement, psychological testing is not to be initiated until authorization has been received.** Please send the completed form via fax to UPMC Health Plan Behavioral Health Services (fax) 1-888-249-5646.

Today's Date 12/11/09

Member Name | Member ID Number | DOB

Person/Agency Making Request for Testing:

- ◯ PCP
- ◯ Medical Specialty (Specify Below)
- Specialty
- ◯ Psychotherapist
- ◯ Psychiatrist
- ◯ Court
- ◯ Parent
- ◯ Teacher
- ◯ School Staff (Specify)
- School Staff

Referring Provider Information:

Name/Degree

Address

Phone Number

Fax Number

Testing Provider Information:

Name/Degree

Address

Phone Number

Fax Number

Current or Provisional DSM-IV:

	Code	Description
1		
2		
3		
4		
5		

What is the referral question to be answered by testing?

What are the current symptoms related to the referral question?

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How would the results of testing affect the treatment plan?

What information is testing expected to provide that cannot be determined by a diagnostic interview, review of psychological/psychiatric records, or second opinion?

Medical/Psychological Evaluation:

Has client had a diagnostic interview? ◯ Yes ◯ No If yes, date of interview

Has client had previous psych testing? ◯ Yes ◯ No If yes, when and basic focus

Does client have medication prescribed? ◯ Yes ◯ No If yes, see below

Psychotropic medications prescribed:

- ☐ Antianxiety Agents
- ☐ Anticonvulsants
- ☐ Antidepressants
- ☐ Antimanic Agents
- ☐ Antiparkinsonian
- ☐ Antipsychotic Agents
- ☐ Sedatives/Hypnotics
- ☐ NONE
- ☐ Other:

Current Substance Use:

Is member actively abusing any substance? ◯ Yes ◯ No If yes, elaborate:

Requested Testing:

CPT Code Requested:

- ◯ 96101 Psychological Testing (Bundled Rate - 1 unit for entire battery of tests)
- ◯ 96118 Neuropsychological Testing (Bundled Rate - 1 unit for entire battery of tests)

Date to be administered

Names and types of tests:

Additional Comments:

Reset Form

Print Form