



REQUEST FOR PSYCHOLOGICAL TESTING

General Instructions:

- Type or print neatly in the designated fields
- Complete all fields
- Write the numerical diagnosis code(s) from the DSM-5 or ICD-10
- Enter the total number of testing hours or units requested next to the appropriate CPT code(s) listed on the form

Return via fax to the appropriate fax number:

- **Florida Blue: 816-237-2382**
- **BCBS Kansas: 816-237-2364**
- **BCBS Kansas City: 816-237-2382**
- **BCBS Louisiana & Louisiana Blue Advantage: 877-212-5640**
- **Walmart: 816-237-2382**
- **Lucet Employee: 816-416-7788**

If your client is covered as an employee of Lucet or a spouse or dependent of a Lucet employee, please return by fax to our Internal Behavior Health Benefit Review team.

***For verification of benefits, eligibility, authorization requirements, and allowable codes, please call the customer service number listed on the member's insurance ID card.*



Request for Psychological Testing

Please type or print legibly - Attach additional pages if necessary

Before submitting your request, please refer to the cover page to determine if an authorization is required

Date of Request:		Insurance ID Number:	
Patient's Name:		Date of Birth:	
Provider's Name:		Provider's Credentials:	
Select all credential(s) of person(s) administering the testing:		<input type="checkbox"/> MD/DO <input type="checkbox"/> PhD <input type="checkbox"/> Technician <input type="checkbox"/> Qualified Health Professional, List:	
Tax ID:		NPI Number:	
Provider Service Address:			
Provider Phone Number:		Provider Fax Number:	
Person Completing Form:		Contact Number:	
Is this a Retrospective Request? <small>(Please attach documentation of testing for retrospective authorization review)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Testing Start Date:		Testing End Date:	
Referral Source:		Was the member seen face-to-face prior to testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current ICD-10 Behavioral Health Diagnosis Code: <small>(This should be an F code; Please note the diagnosis code submitted with the claim will determine which benefit rule will apply when the claim is submitted. Medical Diagnosis should be authorized and billed through the Health Plan)</small>			
Current Medical Diagnoses: <small>(Please note the diagnosis code submitted with the claim will determine which benefit rule will apply when the claim is submitted. Medical Diagnosis should be authorized and billed through the Health Plan)</small>			
Current Psychotropic Medications:			

Describe History of Psychiatric Treatment:

Please List Dates of Prior Testing and Names of Prior Testing Tools:

Diagnostic question(s) to be answered with testing:	<input type="checkbox"/> R/O ADHD Diagnosis	<input type="checkbox"/> R/O Learning Disability	<input type="checkbox"/> R/O Autism Spectrum
<input type="checkbox"/> Academic Assessment <input type="checkbox"/> Assess Cognitive Functioning <input type="checkbox"/> Assessment of Mental/Behavioral Symptoms <input type="checkbox"/> Assess for Medical/Surgical Procedure			
Other, please list:			
Please explain the therapeutic rationale that the testing will provide: <i>(justification for testing; what will the benefit of the testing be; how will findings benefit the treatment plan, etc.)</i>			

Type(s) of Testing Tool(s) that will be administered: ☐Neurological / Psychological ☐Screening ☐Computerized ☐Self-Report ☐Other

Please list testing instruments that will be administered:

[illegible]