AMERIGROUP - Behavioral Health Services
Telephone: 1-800-454-3730 Fax: 1-800-505-1193

REQUEST FOR AUTHORIZATION – PSYCHOLOGICAL TESTING

General Information

Member Name:	Date of Birth: Age:	Member AMERIGROUP ID:

Name of Psychologist: Address:	AMERIGROUP Provider #:	Phone:	Fax:

Formal psychological testing is not clinically indicated for routine screening or assessment of behavioral health disorders. Nor is psychological testing indicated for the administration of brief behavior rating scales and inventories. Such scales and inventories are an expected part of a routine and complete diagnostic process. Other than in exceptional cases, a diagnostic interview and relevant rating scales should be completed by the psychologist prior to submission of requests for psychological testing authorization. Requests for educational testing or learning disabilities assessment for educational purposes should be referred to the public school system.

Clinical Assessment

Indicate which of the following assessments have been completed:

☐ Psychiatric and medical history	☐ Clinical interview with patient	☐ Structured developmental & psychosocial history	☐ Direct observation of parent-child interactions
☐ Family history pertinent to testing request	☐ Interview with family member(s)	☐ Consultation with school/other important persons	☐ Medical evaluation
☐ Consultation with patient's physician	☐ Brief inventories and/or rating scales		

Clinical Information

Presenting problems, symptoms indicating need for testing:

☐ Inattention	☐ Irritability	☐ Disorganization	☐ Anxiety
☐ Mood lability	☐ Lethargy	☐ Low motivation	☐ Poor attention span
☐ Distractibility	☐ Impulsivity	☐ Depression	☐ Acting out behavior
☐ Attention seeking	☐ Hallucinations	☐ Low frustration tolerance	☐ Delusions

☐ Other Symptoms
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Duration of symptoms: ☐ 0-3 Months ☐ 3-6 Months ☐ 6-12 Months ☐ Over 12 Months

Please list any other pertinent history or clinical information relevant to the request for psychological testing authorization:

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Date(s) of Diagnostic Interview(s): ____________________. Please identify any behavior rating scales or self-report measures (e.g., depression or anxiety scale, parent or teacher questionnaires, MAST, etc.) that were administered as part of the diagnostic interview and cite the results (percentiles, T-scores or standard scores):
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____

Current possible DSM-IV TR diagnosis under evaluation:

Axis I: ______________________________ Axis IV: ______________________________
Axis II: ______________________________ Axis V: ______________________________
Axis III: ______________________________ (current/highest in 12 months)

Has this patient had previous psychological testing? ☐ Yes ☐ No. If yes, date of testing____________. What were the results and reasons for re-testing?
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What are the specific questions to be answered by psychological testing that cannot be determined through other means, such as a comprehensive clinical assessment, history taking, family assessment, referral for psychiatric assessment, review of pertinent records, a medication review, chemical dependency assessment, referral for psycho-educational testing and/or use of observational rating scales?
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Specifically, how will the proposed testing impact treatment decisions?
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Possible tests requested:

☐ Rorschach Test	☐ Sentence Completion	☐ Anxiety Scale
☐ Conner's continuous performance test	☐ Bender Gestalt	☐ MMPI
☐ Personality inventory for children	☐ Wechsler Scales	☐ Depression Scale
☐ Personality Assessment Inventory	☐ WRAT-4	☐ Millon Inventories
Other :		

Total time requested in hours: ____________

______________________________ ____________________

Provider Signature/Credentials **Date submitted**

AMERIGROUP USE ONLY

Date received: __________	Auth from: ___________	Auth to: _________
Reference #: ____________________	96101 ______ hrs 96102 ______ hrs 96103 ______ hrs 96116 ______ hrs 96118 ______ hrs 96119 ______ hrs 96120 ______ hrs	Other: _______________

Authorization for routine outpatient care (90801, 90806, 90846, 90847) is not required for network providers treating eligible AMERIGROUP members.

NOTE: We are unable to process illegible or incomplete requests