

Psychological/Neuropsychological Testing Form

Please check the appropriate service you're requesting:

Psychological Testing Neuropsychological Testing

Please check line of business for this form:

BlueAdvantage (PPO)SM CoverKids
 BlueCareSM TennCare *Select*
 BlueCare Plus Tennessee
 Check here if this member has a FIDE plan.

Member number: _____

Member name: _____

Member date of birth: _____

Member contact number: _____

Date request sent: _____

Case type: psychological or neuropsychological testing

Provider name: _____

Provider phone: _____ Provider fax: _____

UR contact name: _____ UR contact phone: _____

Place of service: Office

Requesting clinician: _____

Clinician provider ID #: _____

Clinician NPI #: _____

Clinician address:

Treating Clinician (list credentials): _____

Clinician provider ID #: _____

Clinician NPI #: _____

Clinician address:

Requested facility: _____

Facility provider ID #: _____

Facility NPI #: _____

Facility address:

Psychiatric ICD-10 diagnosis codes:

1) _____

2) _____

3) _____

4) _____

5) _____

Medical ICD-10 diagnosis codes:

1) _____

2) _____

3) _____

4) _____

5) _____

Requested start date of service: _____

(Note: If start date is prior to the request received date, it must be requested as a retrospective review and may be denied for non-compliance.)

Clinical Information Section

Date when member initiated request for this service: _____

Who initiated referral for psychological or neuropsychological testing?

Why is testing being requested at this time?

Medication adherence? Barriers to adherence?

--

Substance abuse concerns?

--

If repeat testing is being requested, why is it needed at this time?

--

Evaluation services

(Note: One unit equals one hour.)

Integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, report writing and feedback to patient/family member:

Service activity	Time (units being requested)

Test administration and scoring

(Note: One unit equals 30 minutes.)

Specific psychological tests being requested (full name of test written out) with specified time for each one:

Test name	Time (units being requested)

Test administration and scoring (continued)

Total units being requested: _____

Signature of ordering clinician with credentials (required in order to process):

Date of signature: _____

Fax pre-certification numbers:

BlueAdvantage: 1-888-535-5243

BlueCare Plus Tennessee: 1-866-325-6698

BlueCare/TennCare *Select*: 1-800-292-5311

CoverKids: 1-800-851-2491

Provider Service numbers:

BlueAdvantage: 1-800-841-7434

BlueCare: 1-800-468-9736

BlueCare Plus Tennessee: 1-800-299-1407

CoverKids: 1-800-924-7141

TennCare *Select*: 1-800-276-1978



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbst.com