

Prior Authorization Psychological Testing

Instructions for completing the Prior Authorization Request for Psychological Testing.

Prior authorization is required for any psychological testing. If services are provided without obtaining prior approval from the Health Plan, services will be denied.

1. Complete the top portion of page 1, which includes patient and provider information.
2. Complete all requested information on page 2. We will gladly accept any other documents or formats that include all the requested information on page 2.
3. Fax page 1 and 2 to the number indicated at the top of page 1. This is a **confidential fax number**.
4. After the Health Plan receives, reviews all necessary information and determines medical necessity, the first page of the form will be faxed to you indicating what services have been authorized.

**Health Tradition
Managed Care Department
P. O. Box 188
La Crosse, WI 54602**

**Please complete form and fax to:
Attn: Mental Health Services
Fax Number: 608-781-9654
Telephone Number: 608-781-3208 (La Crosse Area)
1-800-658-9006 (Toll Free)**

Prior Authorization Request for Psychological Testing

Please **print** clearly.

Inability to read this form may delay processing.

Completion of this form does not imply authorization of care or provision of plan benefits.

Date: _____

Name of patient: _____ DOB: _____

Insurance Number: _____ Insurance: _____

Name of M.A. Psychologist/Ph.D. administering and interpreting testing:

Address: _____
City State Zip

Telephone Number: _____ Fax Number: _____

For Health Tradition Use Only

Entered Data Base: _____

Reference Number: _____

Ucare Authorization: _____

MHS Authorization: _____

Review Date: _____ Care Manager: _____

Request: _____ Approved _____ Denied _____ Pending/Need Additional Information

Comments: _____

Date Faxed To Provider: _____

Principle diagnosis (principle reason for testing). Attach medical records that support diagnosis and reason for testing.

Axis 1 _____

Axis 2 _____

Axis 3 _____

Axis 4 _____

Axis 5 _____

List specific tests requested and diagnostic question to be addressed by each:

Brief psychiatric history of patient (may attach initial assessment):

How is the testing going to effect the patients' treatment or plan of care?