



Prior Authorization Psychological Testing

Prior authorization is required for any psychological testing. Failure to submit the completed form to Health Tradition Health Plan may result in denial of services.

Instructions for completing the Prior Authorization Request for Psychological Testing.

1. Complete all sections of the form. Failure to provide the requested information will delay the processing of your request. Any incomplete or illegible forms will be returned. If more space is needed, you may attach additional documentation to this form.
2. Fax the completed form to the Utilization Management Department at **608-781-9654**.
3. After the Health Plan receives the request, reviews all necessary information, and determines medical necessity, a decision letter will be sent to the member and the requesting provider.

To verify member's eligibility, please contact:
1-877-832-1823 – Premier, Premier Plus, 65Plus Plans
1-800-545-8499 - BadgerCare Plus Plans



Please complete form and fax to:
Health Tradition Health Plan UM Department
Fax Number: 608-781-9654

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: _____/_____/_____

Patient Name: _____ DOB: _____

Insurance Number: _____

Select Plan: Premier Premier Plus 65Plus BadgerCare Plus

Name of Provider administering and interpreting testing: _____

Clinic Name &
Address: _____

Telephone Number: _____

Name of Person Completing Form: _____

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

Principle diagnosis/reason for testing.

Axis 1 _____
Axis 2 _____
Axis 3 _____
Axis 4 _____
Axis 5 _____

Briefly list patient's psychiatric history and how the testing will affect treatment or plan of care. _____

