

Behavioral Health Service Request Form

Psychological and Neuropsychological Testing



Medicare		
Please submit to the dedicated fax line below.		
Florida: 1-855-710-0168	Kentucky: 1-888-365-5676	
Hawaii: 1-888-881-8225	New York: 1-855-713-0589	
Connecticut, Maine, North Carolina: 1-888-365-5607	Texas: 1-855-671-0259	
Arkansas, Louisiana, Mississippi, South Carolina, Tennessee: 1-855-710-0160		
Illinois, Michigan, Missouri, Washington: 1-855-713-0593		
Georgia: Medicare Only Members 1-877-892-8213 , Dual Eligible Members 1-855-292-0233		
Place of Service: <input type="checkbox"/> 11-Office <input type="checkbox"/> 22-Outpatient Hospital <input type="checkbox"/> 53-Community Mental Health Center <input type="checkbox"/> Other:		
Service Request Start Date:	Is this a post-service request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Member Information		
Last Name:	First Name, Middle Initial:	Date of Birth:
Phone Number:	Wellcare ID Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Third-Party Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach a copy of the insurance card. If the card is not available, provide the name of the insurer, policy type and number.	Languages Spoken:
Treating Provider/Practitioner Information		
Last Name:	First Name:	NPI Number:
Wellcare ID Number:	Participating: <input type="checkbox"/> Yes <input type="checkbox"/> No	Discipline/Specialty:
Street Address:	City, State:	ZIP:
Phone Number:	Fax Number:	Office Contact:
Facility/Agency Information		
Name:	Facility ID:	NPI Number:
Street Address:	City, State:	ZIP:
Phone Number:	Fax Number:	Office Contact:
Are all units exhausted? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, indicate amount used:		

(continued)

Service type requested	List CPT code(s)	List the specific tests/scales required	Units/hours requested per test
Psychological Testing			
Neuropsychological Testing			

Total number of hours requested for all tests:

Diagnosis – Code and Description

Primary diagnosis:

Secondary diagnosis:

Medical diagnoses:

Are services requested court-ordered? Yes No

If yes, please submit a copy of the court order and all supporting documentation.

Symptoms/Functional Impairments of Concern

What are the symptoms/functional impairments of concern? Attach additional notes or a copy of diagnostic interview if needed.

Testing Results Action **Required**

How will the testing results affect the decision regarding treatment options?

Rationale for Request

Testing referral source:

- Court/DJJ Parent PCP Psychiatrist Psychologist
 School State Agency Other (please specify):

What is the overall clinical question to be answered by the requested testing?

Has the member had an evaluation by a psychiatrist? Yes No If so, by whom and when? If not, why not?

Has the member had a diagnostic interview? Yes No

If yes, date of interview? Name and credentials of provider who completed the interview?

Why can't the questions at hand be answered by the diagnostic interview, a review of the member's record or a second opinion instead of testing?

Has the member had testing before? Yes No If so, by who and when?

Psychological testing will be administered by provider whose qualifications are appropriate to proposed assessment.
 Yes No

Who will the information obtained from the testing being shared with for coordination of care?

Will the member's family/support system (teacher; caregiver) be engaged in the testing or treatment indications? Yes No

Have medications been ruled out as a cause of cognitive impairment? Yes No

Will symptoms resolve with acute medical treatment? Yes No

Previous Treatment

Type	Frequency	Duration	Provider (if known)

Current Medications (Psychotropic and Medical)

Medication	Dosage	Frequency	Adherent?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No