

## Psychological Testing Authorization

In most cases, an initial diagnostic interview must be completed prior to psychological testing being authorized.

Providers are required to submit this form after benefit threshold has been met.

Please visit <https://mnscha.org> regarding benefit threshold limits.

Member Information				
Name:				
Address:				
ID Number:		Date of Birth:		
Provider Information				
Referring Professional Name:			NPI:	
Referring Professional Address:				
Referring Professional Phone:		Referring Professional Fax:		
Facility Name:				
Facility Address:				
Facility City / State:		Facility Zip:		
Facility NPI:		Facility TIN:		
Facility Phone Number:		Facility Fax Number:		
Service Information				
Service Code	Description	Service Date / Span	Units	Time Request
<b>Total Hours:</b>				

General Information	
Is testing court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit full court order
Date of most recent Diagnostic Assessment (DA):	
Primary diagnosis codes:	
Questions to be answered by the testing listed on page 1 that cannot be determined by a diagnostic interview, review of psychological / psychiatric records or second opinion:	

Supporting Clinical				
How will testing affect the treatment plan?				
Brief summary of current symptoms/behaviors/diagnosis/history (or attach clinical notes)				
Medical and Psychological Evaluation and Treatment				
Has member had a diagnostic interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date of interview:	
Has member had a psychiatrist evaluation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date of interview:	
Has member had previous psychological testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date:	
If there are any extenuating circumstances which necessitate longer than normal test times, please elaborate:				

<b>Print Provider's Name:</b>	<b>Provider Credentials:</b>
<b>Provider's Signature:</b>	<b>Date:</b>

**\*This form will not be accepted without the Mental Health Provider's signature.**

Please follow government thresholds and authorization requirements for continued services.

Prior authorization or predetermination confirms medical necessity only and does not guarantee payment. Payment is determined at the time the claim is received and is subject to health plan exclusions and out-of-network benefits. Plan coverage must be in effect for the member at the time services are rendered.

***Contact the Provider Contact Center for questions related***