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CONFIDENTIAL

Psychological/Neuropsychological Testing Request Form Fax to: (205) 868-9625

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MPORTANT: You <u>must a</u> han five (5) hours of testing	ulways obtain precertification for psychological testing if: 1) If you are not in network with American Behavior	ral and/or 2) If you are requesting more
	always obtain precertification for neuropsychological testing.	
PLEASE NOTE: Page tw	vo (2) of this form is <u>required</u> only <u>when requesting more than five (5) hours of testing</u> .	******
	Patient ID #:	
	Subscriber Place of Employment:	
Office Contact:	Phone #: Fax	#:
	Testing Psychologist/Neuropsychologist:	
	ng Will be Performed:	
Please check the appro	opriate box if you wish to rule in or rule out the following diagnoses.	Recommended Number of
NOTE: Achievement but will be evaluated of	t, aptitude, IQ, occupational and learning disability assessments are usually non-covered benefits, na case-by-case basis	Hours Allowed
	Depression & Anxiety Versus AD(H)D	4
Administered by a Psychologist or	Depression & Anxiety Versus Bipolar Spectrum Disorder	4
Neuropsychologist ONLY	Depression & Anxiety Versus Dementia or TBI	5
	Depression & Anxiety Versus Oppositional/Defiant Disorder Versus AD(H)D	4
	Intermittent Explosive Disorder Versus Bipolar Spectrum Disorder	4
	Substance-induced Agitation Versus Bipolar Spectrum Disorder	4
	Personality Disorder Versus Psychosis	4
	G Failure to Improve in Treatment	3
	Failure to Improve in Treatment Versus OBS	2
	Oppositional/Defiant Disorder Versus AD(H)D	3
	□ AD(H)D Versus Learning Disability	Refer to the school system for an educational assessment
	Bipolar Spectrum Disorder Versus AD(H)D	3
	Bipolar Spectrum Disorder Plus AD(HD)	3

Requested CPT Code	# of Hours Requested	Specify names of test attributed to this CPT Code	Name and Credentials of Administering Technician OR Name(s) of Computerized Test(s) To Be Administered

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Patient ID:				

Detailed clinical symptoms:

How will the testing affect treatment?

<u>APPEALS PROCESS</u>: You have the right to appeal this determination through the appeals process which you may access by calling American Behavioral at 877-660-6646. A copy of American Behavioral Clinical Services policies and procedures concerning appeals and a copy of the specific clinical criteria used in this decision are available by request.

Payment of benefits is subject to eligibility at the time services are rendered according to the terms of the benefit contract and payment is subject to retroactive eligibility verification.

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