Connecticut BHP
Supporting Health and Recovery

PSYCHOLOGICAL TESTING TEMPLATE

***Retroactive Eligibility Template ☐ Yes ☐ No**

If yes, PLEASE COMPLETE AND FAX TO 1(866) 434-7681

ALL FIELDS WITH A * ARE REQUIRED

Provider EDS/CMAP ID # (Medicaid 9-digit ID): _____

Facility/Provider Name**:** _____ Contact # & Ext: _____

Facility/Provider Service Location: _____

Name of clinician who filled out this form: _____ Credentials/Title**:** _____

Member Name: _____

Medicaid/Consumer ID#: _____ DOB**:** _____ and/or SSN: _____

QUESTIONS: *(* signifies a required field)*

1. *** PhD or PsyD Contact Name:** _____ *Phone: _____
2. *** Are you independently licensed?** ☐ Yes ☐ No
3. *** Current Symptoms and duration of symptoms? How have these symptoms affected the member's level of functioning?**

_____

_____

_____

4. *** What are the referral questions and why is testing being requested at this time?**

_____

_____

_____

5. **Behavioral Diagnoses (*Primary is required)***

***Diagnosis Code:** _____ ***Description**_____

***Diagnostic Category:** _____

Diagnosis Code: _____ **Description**_____

Diagnostic Category: _____

6. *** History of Patient** (Summary of psychosocial and medical information and past treatment: Include any past psychological testing, date and results, medical, psychiatric and neurological exams):

_____

_____

_____

7. *** Describe how proposed testing will enhance treatment and impact future behavioral treatment:**

_____

_____

_____

8. *** Is patient currently in treatment?** ☐ Yes ☐ No

a) **If yes, specific modality (i.e. individual, group, family, etc.):**

_____

_____

9. *** Are there clinical explanations, other than psychological ones that could explain current behaviors/symptoms (i.e. thyroid dysfunction, closed head injury, medications, poisoning, etc.)?** ☐ Yes ☐ No

a) **If yes, please explain:**

_____

_____

10. *** List test(s) planned and time required for each test (i.e. Rorschach = 2 hours, Thematic Apperception Test = 1 hour). You may request an additional hour for completing a diagnostic evaluation as well as an additional hour for interpreting and explaining test results to members (for a total of 2 hours if you will be providing both of these services).**

Please Note: When entering in your authorization in ProviderConnect, please click on the "Test(s) planned and time required" hyperlink to select the appropriate test from the comprehensive list of tests available in the ProviderConnect system. You should only type the name of the tests into the "Specific tests planned" section if the specific test that you are seeking is not available from the list of tests found in the ProviderConnect system.

Specific Test(s) Planned:	Hours Required for Specific Test: