



Psychological and Neuropsychological
Pre-Authorization Request Form

To expedite the processing of your request, please complete all sections of the form.

Fax to Behavioral Health Precert at 205-449-7049

- ALL psychological testing requests must be pre-authorized. Services performed without prior authorization, or authorization requests that are received after the date of testing, will not be approved.
- Requests for testing should be made only after a comprehensive clinical evaluation has been conducted

Section 1- Provide the following general information		
Member name:	VIVA ID #	Members DOB:
Testing Psychologist/Neuropsychologist:		
Address where testing will be performed:		
Office contact:	Phone #:	Fax:
Testing date(s):		
Section 2: Provide the following patient-specific information		
1. The patient's symptoms/mental status/clinical status (Supporting data that demonstrates psychological testing request necessary beyond a thorough psychological or psychiatric evaluation).		

2. Who referred the member and for what purpose?		
3. Has the member had a previous psychological evaluation? <input type="checkbox"/> YES <input type="checkbox"/> NO *If YES, please submit a copy of the evaluation with this form.		
4. Has the member had any previous treatment for this condition? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what was the outcome related to the patient's condition:		
6. Proposed treatment plan:		
7. Any additional details to be considered for this request?		
Section 3: Requested Testing: Please note: CPT codes 96101 and 96118 can only be administered by a Psychologist/Neuropsychologist		
CPT Testing Code Requested.	Hours Requested per CPT code	Specify name of test attributed to this CPT code:
Total Hours for Testing requested:		