



AETNA BETTER HEALTH® OF KENTUCKY

Psychological and Neuropsychological Testing Request

Fax as a single document to AETNA BETTER HEALTH OF KENTUCKY 1-844-885-0699 or SKY 1-833-689-1424
 Before requesting authorization for testing, a Structured or Semi-Structured Interview and a validated Symptom Inventory or Rating Scale must be completed as part of a face-to-face evaluation. This documentation may be included with this request to further support the need for testing.

Provider name/credentials (please print)	Provider NPI #	Provider Phone #	Provider Fax #
Member name (please print)	Medicaid ID #	Date of birth / /	Age
Diagnosis ICD-10 (include medical)	R/O Diagnosis:	Referred by (name, specialty, phone)	

Please note the specific tests being administered, the service code being requested, and the time requested to administer, score and report.

Specific Test Requested	Service Code (CPT)	Time Requested

Testing Start Date: / /
 Testing End Date: / /

Please note: Requests must be received within (2) business days of the requested start date. The maximum timeframe that may be requested is (4) months.

Please note, the following must be completed in its entirety in order to receive a determination. Failure to complete all sections may result in delay in processing or lack of authorization.

Has there been previous testing? Yes No Date of Previous Testing: / /
 Current Behavioral Health Treatment? Yes No Provider Name: _____
 How long receiving services ? _____
 Information sought from past/current providers prior to testing? Yes No

Pre-testing Assessment

Face-to-face evaluation performed? Yes No
 Medical or Neurological evaluation within the last 6 months? Yes No
 Member and family psychiatric and medical history explored? Yes No
 Substance use? No history Current/recent Past (more than 6 months ago)
 Information sought from significant others or family members in the home? Yes No

