OPTUM™

Pre-Authorization Request Form
For Medi-Cal Psychological Testing

Please fax completed form to (866) 220-4495

Name of Client to Receive Testing: Jannie Adoptions	**Client's DOB:** 05/25/20
Client's Medi-Cal #: XXXXXXXX	**Testing Dates of Service Requested:** Start: 02/01/16 End: 08/01/16
Psychologist Name: Joe Evaluator / **Degree:** Ph.D.	
Psychologist's Address: Street: 1234 Forensic Ave City: San Diego State: CA Zip: 99999	**NPI #:** 987654321 **Phone:** (619) 555-1234 **Fax:** (619) 555-4321
Has a Diagnostic Interview (90791) Taken Place? ☐ Yes ■ No	**Date Diagnostic Interview Completed:**
Referred by Child Welfare Services: ■ Yes ☐ No	**Court-Ordered:** ■ Yes ☐ No

Professional Who Referred Client to Psychologist for Testing:

Name: Suzy Social Worker Degree: MSW Specialty: Social Work Phone: (858) 555-1111

Case Background:

(Include current level of care, specific behaviors and symptoms of concern and impact on current functioning, risk factors, assessment/testing history including dates and types of prior evaluation, co-existing medical, psychiatric, substance abuse conditions, etc.)

Referred by CWS for pre-adoption evaluation

Purpose of Testing:

(Specify referral questions, outstanding issues related to differential diagnosis, contributions to the clinical treatment plan.)

Assessment of cognitive, emotional, and psychological functioning; treatment planning recommendations

ICD Diagnostic Code Number and DSM Diagnostic Label: None

(If no diagnosis exists, write "None")

Rule-Out Diagnostic Code Numbers and Names to be Evaluated

ICD Diagnostic Code Number: **DSM Diagnostic Label:**

List All Tests Required:

(Please spell out names of tests. Indicate if administering select or supplementary subtests.)

K-BIT2
BASC-2 BESS
Trauma Symptom Checklist for Young Children

Total Hours of Authorization for Testing Requested: 11

Diagnostic Interview: 90791 = 1

Psychological Testing Hours: : 96101 (Maximum hours allowed = 10) 10

Feedback Session (please specify modality requested:90834/90847/90846): 0

Total Hours Requested: 11

Note: Psychological testing must be pre-authorized. Information may be submitted to the fax number above or by mail. Requests will be processed within 14 calendar days from date of receipt. An incomplete form may delay processing. Authorizations are based on the client's Medi-Cal eligibility, Optum Policies & Procedures, and Psychological and Neuropsychological Testing Guidelines.