

Completing the Alabama Medicaid Psychology (AMP) Referral Form

The AMP Referral Form must be completed **prior** to the EPSDT referred recipient being seen by the LMFT, LMSW or LICSW---if the recipient does not have a formal diagnosis established by the psychiatrist or psychologist.

The AMP Referral Form must be completed by the **psychologist**. A copy of the **valid** EPSDT referral must be provided to the LMFT, LMSW or LICSW along with the AMP Referral Form. (Refer to Appendix A of the Alabama Medicaid Provider Billing Manual for information in regards to the EPSDT referral).

Scenario:

1. A recipient receives an EPSDT referral from a pediatrician for evaluation and treatment of behavioral health symptoms reported by the parent. The referral is completed and given to an LPC or ALC. An AMP Referral ***is not*** required.
2. A recipient has received a formal diagnosis from a physician (psychiatrist) or a psychologist and needs to be seen for treatment. An EPSDT referral is completed and received by a LMFT, LMSW OR LICSW. An AMP Referral ***is not*** required.
3. A recipient receives an EPSDT referral from a pediatrician for evaluation and treatment of behavioral health symptoms reported by the parent. The referral is completed and given to an LMFT, LMSW or LICSW. An AMP Referral ***is*** required. The referral is required for *evaluation*, after diagnosis has been determined (by the psychologist), the LMFT, LMSW or LICSW may carry out the treatment.

TODAY'S DATE: Enter the date the form is completed.

REFERRAL DATE: Enter the date the referral becomes effective.

RECIPIENT INFORMATION: Enter the Recipient's name, Medicaid number, date of birth, address, telephone number and parent's/guardian's name.

PSYCHOLOGIST INFORMATION: Provide all Psychologist information included in the section. The original signature of the psychologist is required. If the form is not signed, it will not be considered valid. Stamped or copied signatures will not be accepted.

BEHAVIORAL HEALTH PROVIDER: Provide all LMFT, LMSW OR LICSW information included in the section. The original signature of the LMFT, LMSW OR LICSW is required. If the form is not signed, it will not be considered valid. Stamped or copied signatures will not be accepted. Either the Psychologist or LMFT, LMSW or LICSW must complete the Behavioral Health Provider information. *{The LMFT, LMSW or LICSW is responsible of the accuracy of the information entered if someone else completes this section on their behalf}.*

EPSDT INFO: Check if EPSDT received. List PMP or Screening Provider who completed the referral. *{The current valid EPSDT Referral Form must be provided to the LMFT, LMSW OR LICSW receiving the AMP referral}.*

AMP LENGTH OF REFERRAL: Indicate the number of visits/length of time for which the referral is valid.

REASON FOR REFERRAL: Indicate the reason/condition the recipient is being referred {to include the ICD10 diagnosis} and any other related condition(s) present at the time of initial exam by PMP (this information should be obtained from the EPSDT referral).

PRIMARY PHYSICIAN (PMP) INFORMATION: All areas within the Primary Physician (PMP) Information section must be completed. If the preferred method of communication with the PMP is known please indicate in this section.

METHOD(S) USED TO SUBMIT FINDINGS TO PRIMARY PHYSICIAN (PMP): Indicate date and method(s) used to communicate findings. Also, document what information was sent.