

Mental Health Outpatient Treatment Report Form

This communication applies to the Medicaid and Medicare Advantage programs for Anthem Blue Cross and Blue Shield (Anthem).

Please submit form electronically using our preferred method at https://availity.com.* If you prefer to fax, you may send it to:

• Medicaid: 844-456-2698

Medicare Advantage: 844-430-1703

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Identifying data			
Patient name:			
Medicaid ID:		Date of birth:	
Address:			
City, State:		ZIP code:	
Provider information			
Provider name:			
Tax ID:	Phone:	Fax:	
PMP name:		PMP NPI:	
Names of other behavioral healt	h providers:	<u> </u>	
	F		
DSM-5 diagnoses			
Dom o diagnoses			
Medications			
Current medications (indicate cl	pangos sinco last roport)	Docado	Fraguency
Current medications (indicate ci	langes since last report)	Dosage	Frequency

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

AINPEC-3138-21 June 2021

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^{*} Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

Current risk factors			
Suicide: ☐ None ☐ Ideation ☐ Intent w	ithout means	\square Intent with means	☐ Contracted not to harm self
Homicide: ☐ None ☐ Ideation ☐ Intent w		☐ Intent with means	☐ Contracted not to harm others
Physical/sexual abuse or child/elder no	eglect: ☐ Yes	□ No	
If yes, patient is: ☐ Victim	☐ Perpetrator		Neither, but abuse exists in family
Abuse or neglect involves a child or ele		□ No	
Abuse has been legally reported:	☐ Yes	□ No	
Symptoms that are the focus of curr	rent treatment		
Progress since last review			
Functional impairments or supports	3		
Family/interpersonal relationships	-		
Jobs/school			
3003/301001			
Housing			
Co-occurring medical/physical illne	SS		
<u> </u>			
Family history of mental illness or s	substance use		

Patients treatment history, including all levels of care	Name to a second	Detect?	
Level of care	Number of distinct episodes/sessions	Date of last episode/session	
Outpatient psych	- Opioodeo/3c33ioff3	- Opioodo/3033i0II	
Outpatient substance use			
Intensive outpatient treatment			
Partial hospitalization			
Inpatient psych			
Inpatient substance use			
Residential treatment centers (RTC) (psychiatric)			
RTC (substance use)			
Treatment goals for each service (specify with expect	ed dates to achieve the	nem)	
1.			
2.			
3.			
4.			
5. Objective outcome criteria by which goal achievement is measured.			
Objective outcome criteria by which goal achievement is measured 1.			
2.			
3.			
4.			
5.			
Discharge plan and estimated discharge date			
1.			
2.			
3.			
4.			
5.			
Expected outcome and prognosis:			
☐ Return to normal functioning			
$\hfill\Box$ Expect improvement, anticipate less than normal function	oning		
$\hfill\square$ Relieve acute symptoms, return to baseline functioning			
☐ Maintain current status, prevent deterioration			

Requested service authorization				
Procedure code	Number of units	Frequency	Requested start date	Estimated number of units to complete treatment

Note: Psychological/neuropsychological testing requests require a separate form.

T			
Treatment plan coordination			
I have requested permission from the patient/patient's parent or guardian the PMP. ☐ Yes ☐ No If no, give rationale:	o releas	e information to	
Treatment plan was discussed with and agreed upon by the patient/patient's parent or guardian. □ Yes □ No If no, give rationale:			
	ı	ı	
Provider signature:	Date:		

Disclaimer: Authorization indicates that Anthem Blue Cross and Blue Shield determined medical necessity has been met for the requested service(s) but does not guarantee payment. Payment is contingent upon the eligibility and benefit limitations at the time services are rendered.