



Mental Health Outpatient Treatment Report Form

Please note, this form applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.

Please submit your request electronically using our preferred electronic method via <https://www.availity.com>. * If you prefer to fax this form instead, you may send it to **844-445-6642**.

To avoid delays in processing, make sure to fill the form out completely. If you have any questions, you may call **800-901-0020**.

Identifying data					
Patient name:					
Medicaid ID:				DOB:	
Patient address:					
Provider information					
Provider name:					
Tax ID:		Phone:		Fax:	
PCP name:				PCP NPI:	
Name(s) of other behavioral health provider(s):					
DSM-IV TR diagnosis					
Axis I:					
Axis II:					
Axis III:					
Axis IV:					
Axis V current:					
Highest in past year:					
Current clinical information					
Anxiety disorders	Mild	Moderate	Severe	Acute	Chronic
Obsessions/compulsions					
Generalized anxiety					
Panic attacks					
Phobias					
Somatic complaints					
PTSD symptoms					

* Availity, LLC is an independent company providing administrative support services on behalf of HealthKeepers, Inc.

<https://providers.anthem.com/va>

Depression	Mild	Moderate	Severe	Acute	Chronic
Impaired concentration					
Impaired memory					
Psychomotor retardation					
Sexual issues					
Appetite disturbance					
Irritability					
Agitation					
Sleep disturbance					
Hopelessness/helplessness					
Mania	Mild	Moderate	Severe	Acute	Chronic
Insomnia					
Grandiosity					
Pressured speech					
Racing thoughts/flight of ideas					
Poor judgment/impulsiveness					
Psychotic disorders	Mild	Moderate	Severe	Acute	Chronic
Delusions/paranoia					
Self-care issues					
Hallucinations					
Disorganized thought process					
Loose associations					
Substance use	Mild	Moderate	Severe	Acute	Chronic
Loss of control of dosage					
Amnesic episodes					
Legal problems					
Alcohol use					
Opiate use					
Prescription medication use					
Polysubstance use					
Personality disorder	Mild	Moderate	Severe	Acute	Chronic
Oddness/eccentricities					
Oppositional					
Disregard for the law					
Recurring self-injuries					
Sense of entitlement					
Passive aggressive					
Dependency					
Enduring traits of:					

Medications (optional for nonphysicians)

Current medications (indicate changes since last report)	Dosage	Frequency

Current risk factors

Suicide: None Ideation Intent, without means Intent, with means
 Contracted not to harm self

Homicide: None Ideation Intent, without means Intent, with means
 Contracted not to harm others

Physical or sexual abuse or child/elder neglect: Yes No

If yes, patient is: Victim Perpetrator Both Neither, but abuse exists in family

Abuse or neglect involves a child or elder: Yes No

Abuse has been legally reported: Yes No

Symptoms that are the focus of current treatment

Progress since last review

Functional impairments or supports

Family/interpersonal relationships:

Job/school

Housing

Co-occurring medical/physical illness

Family history of mental illness

Patient's treatment history, including all levels of care

Level of care	Number of distinct episodes/sessions	Date of last episode/session	Level of care	Number of distinct episodes/sessions	Date of last episode/session
Outpatient psych			Inpatient psych RTC		
Outpatient substance use			Inpatient substance use		
IOP			PHP		

Treatment goals

1.

2.

3.

Objective outcome criteria by which goal achievement is measured

1.

2.

3.

Discharge plan and estimated discharge date

Expected outcome and prognosis

- Return to normal functioning
- Expect improvement, anticipate less than normal functioning
- Relieve acute symptoms, return to baseline functioning
- Maintain current status, prevent deterioration

Risk history

Explain any significant history of suicidal, homicidal, impulse control or any behavior that may impact the patient's level of functioning:

Requested authorization

Procedure code	Number of units	Frequency	Units approved

Provider signature:	Date:
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Disclaimer: Authorization indicates that HealthKeepers, Inc. 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.

If you have any questions about this communication, call Provider Services at **800-901-0020**.