

Behavioral Health — Out of Network Outpatient Treatment Request

Please print clearly — incomplete or illegible forms will delay processing.

Facility/primary care providers should refer directly to a contracted Anthem Blue Cross (Anthem) behavioral health (BH) provider for Medi-Cal Managed Care (Medi-Cal).

If out-of-network, the outpatient BH servicing provider is to complete this request and submit for authorization.

Phone: **888-831-2246** Fax: **855-473-7902**

Member information	
Patient name:	Date of birth:
Patient address:	
Patient phone number:	Medi-Cal ID #:
Last authorization #	
Provider information	
Direct servicing provider name/credentials:	
Physical address:	
Provider email:	
Phone:	Facsimile #:
Provider NPI:	Tax ID #:
Specify reason requested (such as, in-network pro	ovider not in area, language, clinical specialty):
Continuity of care: Yes:	□ No:
Provider pending completion of contracting with A	nthem for BH with Medi-Cal: ☐ Yes ☐ No

https://providers.anthem.com/ca

Previous BH/substance use treatment? ☐ Non	9
□ Outp	patient □ Medical history □ Substance use
□ Inpa	tient □ Medical history □ Substance use
□ Othe	
List names/data including hospitalizations, if app	olicable:
Substance use: ☐ None ☐ By history ☐ Cu	rent/active
Tobacco use: ☐ None ☐ By history ☐ Cu	rent/active
Substance(s) used, amount, frequency, and las	used:
DSM-5, DSM-5-TR, and/or ICD-10 diagnoses:	
If the member has a substance use and/or HIV	diagnosis has a consent to release information for
	liagnosis, nas a consent to release information for
these related conditions been obtained? ☐ Yes	□ No □ N/A
	□ No □ N/A
these related conditions been obtained? ☐ Yes	□ No □ N/A n
these related conditions been obtained? ☐ Yes Primary care physician (PCP) communicatio	□ No □ N/A n rding:
these related conditions been obtained? ☐ Yes Primary care physician (PCP) communicatio Has information been shared with the PCP regard • The individual evaluation and treatment plan?	□ No □ N/A n
these related conditions been obtained? ☐ Yes Primary care physician (PCP) communicatio Has information been shared with the PCP regard • The individual evaluation and treatment plan? • This updated evaluation and treatment	□ No □ N/A n rding:
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 these related conditions been obtained? ☐ Yes Primary care physician (PCP) communication Has information been shared with the PCP regard The individual evaluation and treatment plan? This updated evaluation and treatment plan? Per Medi-Cal requirements, have you sent notification to the PCP of behavioral health services? 	□ No □ N/A n rding: □ Yes □ No □ Yes □ No
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List measurable treatment goals, standardized assessments used, and scores: Discharge goals	Treatment goals						
Discharge goals Describe how you will know the patient is ready to terminate treatment: Current risk/lethality	List primary con	nplaint/problem to	be addressed:				
Current risk/lethality Suicidal	List measurable	treatment goals,	standardized ass	sessments used,	and scores:		
Current risk/lethality Suicidal	Discharge goa	ls					
Suicidal	Describe how yo	ou will know the p	patient is ready to	terminate treatm	ent:		
None	Current risk/let	thality					
None	Suicidal	□ 1	□ 2	□ 3	□ 4	□ 5	
Assault/violent	Sulcidal	None	Low	Moderate	High	Extreme	
Assault/violent	Homicidal	□ 1	□ 2	□ 3	□ 4	□ 5	
behavior None Low Moderate High Extreme Interventions for current risk/lethality (2 to 5): Is member currently participating in any community-based support groups/interventions? Please list: Please answer yes or no to the following questions: • Are the member's family/supports involved in treatment? □ Yes □ No • Coordination of care with other BH providers? □ Yes □ No • Coordination of care with medical providers? □ Yes □ No • Has member received services at the county? □ Yes □ No • Has member been evaluated by a psychiatrist? □ Yes □ No • Medical psychiatric evaluation done (even if PCP providing meds)? □ Yes □ No	Tiomicidal	None	Low	Moderate	High	Extreme	
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	sages:					
Overall progress to	ward goal:					
□ 1	□ 2	□ 3		□ 4	□ 5	
None	Minimum	Moderate	<u> </u>	 Maximum	Met	
Compliance with tre						
1 [']	□ 2	□ 3		□ 4	□ 5	
None	— – Minimum	Moderate	<u> </u>	 Maximum	Met	
If 1 or 2, please exp						
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