Behavioral Health Outpatient Treatment Request

HealthSmart Benefit Solutions ■ 222 W. Las Colinas Blvd., Suite 500N ■ Irving, Texas 75039
Toll Free 877.517.6370 Option 2 ■ Fax: 214.574.2355

Contact Information

Plan Name: AlaskaCare

Group Number: ○ 5851 Actives ○ 5852 Retirees

Patient Name | Patient DOB | Patient Phone (Include Area Code)

Member Name | Member ID (Required)

Provider Contact Information

Provider Name | Provider Credential | Tax ID

Provider Street Address | City | State | ZIP

Provider Phone (Include Area Code) | Provider Fax (Include Area Code)

Axis Diagnosis (Complete all 5 Axes)

Axis I

Axis II

Axis III

Axis IV (Check all that apply)

○ Primary Support Group ○ Social Environment ○ Educational ○ Occupational Problems ○ Housing Problems
○ Access to Healthcare Services ○ Legal System ○ Marital ○ Relationship ○ Health
○ Other (list):

Axis V – Current GAF Score

Psychiatric History

Previous Treatment (Please list relevant psychiatric history)

Risk Assessment (Please check all that apply)

○ Suicide Ideation	○ Has Plan	○ Has Intent	○ Means Available	○ Previous Attempt(s)
○ Danger to Others	○ Has Plan	○ Has Intent	○ Reported	○ Not Reportable
○ Physical or Sexual Abuse			○ Reported	○ Not Reportable

Interventions for presence of any of the above

Current Symptoms (Please check all that apply)

○ Anger Outburst	○ Elevated Mood	○ Obsessions	○ Rapid/Pressured Speech
○ Anxious	○ Grief	○ Oppositional	○ Restlessness
○ Appetite Disturbance	○ Guilt	○ Orientation Impairment	○ Self-Mutilation / Injurious Behavior
○ Binging	○ Hallucinations	○ Panic Attacks	○ Sleep Disturbance
○ Cognitive Impairment	○ Helpless	○ Paranoia	○ Tearful
○ Compulsions	○ Hopelessness	○ Poor Concentration	○ Thought Processes - Abnormal
○ Decreased Energy	○ Hyperactivity	○ Poor Hygiene	○ Weight Gain
○ Delusional	○ Irritable	○ Poor Impulse Control	○ Weight Loss
○ Depression	○ Labile	○ Poor Judgment	○ Withdrawn
○ Disheveled	○ Mania	○ Poor Self-Esteem	○ Other (describe)
○ Eating / Food Rituals	○ Memory Impairment	○ Purging	

Substance Abuse Assessment

Substance Abuse Problems Present

○ Yes ○ No | ○ Patient is involved in AA/NA | ○ Patient has a sponsor

Please check all substance abuse problems / current symptoms and treatment approaches:

○ Craving ○ Drug Seeking ○ Drug Glorification ○ Guilt / Remorse / Shame
○ Suspected Medication / Substance Misuse ○ Preoccupation with getting high / Past drugging experiences
○ Substance use suspected at work or school ○ Substance abuse symptoms uncontrolled with medication
○ Positive toxicology screen / Breathalyzer 2x or less / Decrease in quantitative drug analysis ○ Other:

Please list all previous substance abuse treatment episodes:	Age of First Use	Current Amount Used	Method of Use	Frequency of Use	Date of Last Use
Substance					
Substance					

Functional Impairments

○ Mild decrease in productivity at work / school / home
○ Decreased Social Contacts
○ Occasional arguments / verbal hostility
○ Easily frustrated and good impulse control
○ Stabilized on Established Medication Regimen
○ Mild Deterioration / Decline in Baseline Behavior / Functioning
○ Follow Directions with Difficulty for Child
○ Detention from School / For Age 6 – 9, school time-outs 1x / wk
○ Avoidance of / Decreased Social Contacts in Child
○ Resides in Residential Facility for Geriatric Adult
○ Complaints Registered with Child / Vulnerable Adult Services
○ Medication Non-Compliance/Misuse
○ Treatment Non-Compliance
○ Mild Decrease in Care to Dependent Children / Adults
○ Poor / Intrusive Boundaries in Child
○ Responds to Adult Limits with Difficulty in Child
○ Drop in grades
○ Absent at Least 2 Days per Month from Work or School
○ Written / Verbal Warning at Work or School
○ Suspension from Work or School for 3 Days or Less
○ Medical LOA due to Psychiatric Problem
○ Maintaining Prescribed Weight but Requires Assistance to make Healthy Food Choices
○ Other:

Current Treatment

Primary Treatment Approach

○ Brief, focused ○ Longer-term, insight & goal oriented ○ Low-frequency maintenance ○ Medication management
○ CBT ○ DBT ○ Other (list):

Attendance

○ Member attended at least 4 out of last 5 scheduled visits or ○ Member attended 3 out of last 5 scheduled visits
○ Reason for any missed visits:

Progress In Treatment (briefly explain basis of improvement, lack of improvement, changes in treatment approach, etc.)

○ Regressed due to new stressors ○ Somewhat improved ○ Maintenance TX only
○ Little or no progress ○ Much improved ○ Near completion of TX

If the patient is NOT improving, explain why and the changes to their treatment:

Expected Treatment Outcomes

○ Reduction in symptoms and discharge from active treatment ○ Provide ongoing medication management
○ Other (list):

Estimated Total Length of Treatment (Estimated End Date of TX)

Medications (List of all current psychotropic medications)

○ None ○ Medication Compliant ○ Non-Compliant ○ Medication Refractory

Prescribing MD

○ Psychiatrist ○ Primary Care MD ○ ANRP ○ Other (list):

Medication	Dosage and Frequency	Start Date
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Requested Services

CPT Code	Service Description	Number of Visits	Frequency	Number of Visits	Frequency
○ 90832	Psychotherapy, 30 min			_____	_____
○ Appropriate outpatient E/M code (not selected on basis of time), and +90833, 30 minute psychotherapy add-on code				_____	_____
○ 90834	Psychotherapy, 45 min			_____	_____
○ Appropriate outpatient E/M code (not selected on basis of time), and +90836, 45-minute psychotherapy add-on code				_____	_____
○ Other _____				_____	_____

Note: *If you are requesting psychological testing, neuropsychological testing or ECT, please contact HealthSmart Benefit Solutions at 1-877-517-6370 option 4.*

Date Requested Services to Begin

Signature of Treating Clinician	Date