



64742

MHNet
BEHAVIORAL HEALTH**CoventryCares of**
Kentucky CMHC OTR

CMHC (Required): _____

CMHC NPI:

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Member

Name: _____

Member ID #:

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Check box if member
☐ is pregnant.

Diagnosis:

Comorbid ICD-9 Medical Dx:

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Diagnosis:

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Psychosocial Factors: _____

Date Signed:

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Provider Signature: _____

| SED: <input type="checkbox"/> Yes <input type="checkbox"/> No | | SPMI: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | |
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| Code | Units Requested | First Modifier | Second Modifier | Third Modifier | | | | | | | | | | | | | | | | | | | | |
| 90832 | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | |
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| FUNCTIONAL IMPAIRMENT RATING SCALE Fill in the bubble like this ● to indicate degree of progress in each domain. | CURRENT LEVEL OF IMPAIRMENT | | | | |
|--|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | None | | Moderate | | Severe |
| Affective Depression, mania, mood instability, inappropriate mood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Anxiety Panic, worry, anxiety, easily startled, flashbacks, nightmares | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ADHD Symptoms Hyperactivity, impulsivity, poor insight, poor judgment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Obsessions & Compulsions Rituals, fear of contamination, excessive need for orderliness, hair pulling, unacceptable impulses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reality Construction & Thought Processes Delusions, hallucinations, disorganized or racing thoughts, dissociative states, paranoia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cognitive Cognitive impairments due to organic conditions including brain trauma, dementia and mental retardation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social Difficulty forming positive relationships, social isolation, anger/aggression, interpersonal problems at work/school | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance Abuse Problematic use of drugs or alcohol | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Harm to Self or Other Suicidal ideation, intentionally self injurious behavior, suicide planning, danger to others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Appetite & Eating Disturbances in appetite, anorexia or bulimia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sleep Disturbances in sleep patterns, including excessive sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other Medical Conditions Presence of medical conditions which have significant impact on patient functioning and/or quality of life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Fax Completed Forms To: 512-340-4213

Provider Secure Fax #:

(Required)

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