

## OUTPATIENT TREATMENT REPORT

### Overview and Instructions

The Outpatient Treatment Report (OTR) is designed for clinicians to efficiently communicate the nature and severity of the patient's impairments due to symptoms of mental health and substance abuse disorders. The form utilizes the Functional Impairment Rating Scale (FIRS) to assess various symptoms.

The FIRS scale on the MHNet OTR form now uses radial buttons to rate impairment on a continuum, ranging from no impairment to severe impairment by filling in the bubble that most closely corresponds to the patient's impairment level.

The scale allows the clinician to easily communicate their assessment of a patient's impairment level, based on their clinical judgment and experience. Repeated assessments using the FIRS will show the magnitude of change in the patient's functioning while in treatment. The following descriptors of impairment are intended as a guide when assessing the patient's level of impairment.

**None to Mild:** The symptoms have little objective impact on the patient's quality of life and ability to function. Impairment at this low level is characteristic of individuals who have never sought mental health services. The level of subjective distress for these individuals is best measured using patient self report.

**Moderate:** The symptoms have a clear impact on the patient's quality of life and ability to function in important areas of daily life, including performing work, maintaining positive social relationships, and engaging in pleasurable activities. Impairment in this range is common among of individuals seeking outpatient treatment services.

**Severe:** Severe impairment is characterized by an almost complete inability to function in one or more important areas of daily life. While patients with this level of impairment may be successfully managed in outpatient services, this level of impairment is more characteristic of patients receiving treatment in intensive outpatient, residential or inpatient treatment settings as needed.

The number of sessions authorized is calculated by an algorithm, based upon the severity of symptoms reported, diagnosis, previous hospitalizations, and the application of Medical Necessity Criteria.

The OTR is designed to be machine read so the data can be captured and analyzed efficiently. Therefore, it is important that the clinician print clearly within the boxes provided. Here are some suggestions to help ensure the OTR you submit is "clean" and can be accurately read for quicker processing.

1. Providers billing as an individual should use their own NPI (National Provider Identifier) and TIN (Tax ID Number) numbers. Providers billing under a group TIN should use their own NPI and the group's TIN number at the top of the OTR form.
  2. Please use only the most current version of the OTR form. You will recognize this as having both a place for provider NPI as well as Tax ID #. This form is available on our website, [www.MHNet.com](http://www.MHNet.com).
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Look under Providers, then Forms and you can print out a master copy. You may also call MHNet to request a fax or email copy of this form. This OTR does not replace the state-required form for providers in Maryland. Specialized OTR forms are used in Pennsylvania for substance abuse services and Florida for Medicaid services. The latest OTR versions are available on the website in the location noted above.

3. Please do NOT fax a cover sheet with your OTR's. The system does not recognize non-standardized forms so they are discarded. If you have requests related to the authorization, please allow 2 business days for the processing of the form before calling your MHNet Customer Service Representative.
4. Some member identification numbers are alpha-numeric, while others contain numbers only. The Member ID field on the form breaks the ID into separate fields for the alpha characters and the numbers.
5. Please do NOT write text in the Rating Scale section. The system cannot recognize text in this area. Please only fill in the bubble to show the degree of impairment in that domain. If the domain of any specific rating scale does not apply to that patient, simply fill in the bubble under "None" on the Rating Scale line. Please fill in only one bubble for each Rating Scale.
6. Please be sure to complete all sections possible, and to write clearly so the system can read/scan the OTR. Incomplete or illegible OTR's will be returned to you for correction and resubmission.
7. If the patient does not have an Axis II diagnosis, the correct code for no Axis II diagnosis is V71.09. Deferred pending further assessment is 799.9. Please do not write in "n/a" or "none" in this area.
8. If the patient does not have an Axis III diagnosis, or if you do not know the appropriate ICD-9 code, you may leave that section blank. Please do not write in "n/a" or "none". If the medical condition does impact overall functioning, please note this in "Other Medical Conditions" which is the last Rating Scale.
9. Please be sure to fill in the GAF on the OTR. The OTR can not be processed without this being completed. It is a mandatory field.
10. Please indicate a **secure** fax number on the OTR. The fax number is utilized should there be a reason the OTR cannot be processed as submitted. Please be aware the authorization is dated according to the date the completed, correct OTR is received.
11. Please ensure your fax machine is not double-feeding, and retain your fax sent log. There is currently no fax confirmation capability available in our process.

We appreciate your compliance with these requests, as it is helpful in the accurate data processing of your submitted OTR.

When you have completed the OTR, please send it to the **toll-free fax number 877-675-7421**, that is also noted at the bottom of the OTR form for your convenience.