



CoventryCares of Kentucky Outpatient Treatment Report (OTR) Instructions

MHNet is pleased to offer an Outpatient Treatment Report (OTR) designed to meet the specific needs of the Kentucky Medicaid population. The OTR is key to our automated, clinical outcome-driven authorization process. Below you will find the step-by-step instructions to complete this one page, streamlined form.

CMHC provider: write in the name of your organization, along with your group’s NPI, the zip code of the office location where the requested services will be primarily provided, and the group’s TIN (tax identification number).

Member name: write in the member’s name, their member ID (identification number), their DOB (date of birth), and finally, check the box if the member is pregnant.

Diagnoses: write in the Axis I diagnosis, including all 5 digits. There is also a place for an additional Axis I diagnosis below. The GAF is important, as it indicates the impact of the illness. It is not mandatory to complete Axis II, III or IV although this is useful. See suggestion 3 and 4 below for additional information.

Provider signature: sign and include the signature date in the boxes above.

Codes: the top right hand box lists all the codes that require precertification via the OTR. Complete all the codes, units requested, and modifiers that are requested for authorization.

Functional Impairment Rating Scales: Fill in one circle for each category to indicate the degree of impairment. As a guideline, “moderate” is used when the symptoms have a clear impact on work and social functioning, with patients commonly requiring outpatient treatment for resolution. “Severe” is characterized by an extreme impairment to function in that domain. Outpatient treatment may still be appropriate to treat the symptoms, with higher levels of care utilized as needed.

As with any new process, clarification is often useful. The following suggestions are offered to help ensure the OTR you submit is “clean” and can be accurately scanned and authorized quickly.

1. This CoventryCares of Kentucky specific OTR form is available on our website, www.MHNet.com. Look under Providers, then Forms, and you can print out a master copy.
2. Psych testing requests require the use of the Psych Testing request form, also found on our website as indicated in #1. These requests should be faxed to 512-340-4213, as noted on the bottom of the request form. Psych Testing requests received on the OTR will be sent back to the provider for resubmission of correct form.
3. Please be sure to complete all sections possible, and to write clearly so the system can scan the OTR. Incomplete or illegible OTRs will be returned to you for correction and resubmission.

4. 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.
5. 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.
6. Please do NOT write text in the Rating Scale section. The system can not recognize text in this area. Simply fill in ONE circle completely to show the degree of impairment in that domain.
7. Please do NOT fax a cover sheet with your OTR. The system does not recognize non-standardized forms so they are discarded.
8. OTRs that are not complete will be faxed back to the provider for correction and authorization will start upon receipt of the corrected OTR.
9. If you have requests related to the authorization, please allow 2 business days for the processing of the form before calling your MHNNet Customer Service Representative at 888-604-6106.
10. Please ensure that your fax machine is not double-feeding and retain your fax transmission log. There is currently no fax confirmation capability available within 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.