



44068

MHNet CoventryCares of Kentucky - OTR

BEHAVIORAL HEALTH

SED: Yes No SPMI: Yes No

CMHC (Required): _____

CMHC NPI: _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| ZIP: _____

Tax ID #: _____ Member Name: _____

Member ID #: _____

DOB: ____/____/____ Check box if member is pregnant.

Diagnoses
Axis I: ____ Axis II: ____ GAF: ____

Axis I: ____ Axis III: ____

Axis IV: _____

Date Signed: ____/____/____

Provider Signature: _____

Code	Units Requested	First Modifier	Second Modifier	Third Modifier
90804				
90816				
90847				
90853				
H0012				
H0015				
H0031				
H0046				
H2012				
H2019				
H2021				
H2036				

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"/>