39116

MHNet BEHAVIORAL HEALTH

Pennsylvania Substance Abuse Outpatient Treatment Report

Member Name **(Please Print)**: _____

Provider Name & License/Certification Type **(Please Print)**: _____

Member ID #: ☐☐☐☐☐☐☐☐☐☐☐☐☐

NPI: ☐☐☐☐☐☐☐☐☐☐

DOB: ☐☐ / ☐☐ / ☐☐☐☐

Tax ID #: ☐☐☐☐☐☐☐☐☐

Diagnoses

Axis I: ☐☐☐.☐☐ Axis II: ☐☐☐.☐☐ GAF: ☐☐

Axis I: ☐☐☐.☐☐ Axis III: ☐☐☐.☐☐

Axis IV: _____

CPT Codes Requested
Numeric Code-Modifier

CPT: ☐☐☐☐☐-☐☐

CPT: ☐☐☐☐☐-☐☐

Is the patient currently in treatment? Yes ○ No ○

Did the patient relapse into drug or alcohol abuse? Yes ○ No ○

Prognosis of patient: Poor ○ Moderate ○ Excellent ○

Provider Signature: _____ Date Signed: ☐☐ / ☐☐ / ☐☐

FUNCTIONAL IMPAIRMENT RATING SCALE Fill in bubble like this ● to indicate current level of impairment in each domain.	**CURRENT LEVEL OF IMPAIRMENT** **None**		**Moderate**		**Severe**
Substance Abuse Problematic use of drugs or alcohol	○	○	○	○	○

500

Fax Completed Forms To: 877-675-7421

Provider Secure Fax #: ☐☐☐☐☐☐☐☐☐☐
(Required)