



Healthy Blue



Mental Health and Substance Use Nonacute Services (Outpatient Treatment) Request Form

Fill out completely to avoid delays. Once complete, submit via our website at <https://availity.com>* or fax to **844-462-0027**.

Identifying data			
Patient's name			
Medicaid ID		DOB	
Patient's address			
City, State, ZIP code			
Provider/facility information			
Provider/facility name			
Provider NPI			
Provider phone			
Provider fax			
Provider address			
City, State, ZIP code			
Name of other behavioral health providers			
PCP information			
PCP name			
PCP NPI			
PCP phone			

* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

<https://provider.healthybluene.com>

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BNEPEC-0620-21 July 2022

State approval: 06/29/2021

PCP fax	
PCP address	
City, State, ZIP code	

ICD-10 diagnoses

Requested service authorization

Procedure code	Number of units	Place of service	Requested start date	End date

Medications (Please indicate changes since last report. Please attach a separate list if needed.)

Current medications	Dosage	Frequency

Current risk factors

Suicide	<input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Intent without means <input type="checkbox"/> Intent with means <input type="checkbox"/> Developed action plan with patient if suicidal thoughts present and contracted not to harm self
Homicide	<input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Intent without means <input type="checkbox"/> Intent with means <input type="checkbox"/> Developed action plan with patient if homicidal thoughts present and contracted not to harm others
Physical or sexual abuse or child/elder neglect:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, patient is: <input type="checkbox"/> Victim <input type="checkbox"/> Perpetrator <input type="checkbox"/> Both <input type="checkbox"/> Neither, but abuse exists in the family
	Abuse or neglect involves a child or elder: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Abuse has been legally reported: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Safety plan:

Symptoms

(Include those that are the focus of current treatment.)

Progress since last review

Functional impairments/strengths

(For example, note interpersonal relations, personal hygiene, work/school, etc.)

Recovery environment

(Please describe support system and level of stress.)

Engagement/level of active participation in treatment

--

Housing

--

Co-occurring medical/physical illness

--

Family history of mental illness or substance abuse

--

Treatment goals		
Goal	Type of service	Expected achieve date
1.		
2.		
3.		
4.		
5.		
Objective outcome criteria by which goal achievement is measured		
1.		
2.		
3.		
4.		
Discharge plan and estimated discharge date		

Was a discharge plan discussed with the treatment team that will be seeing the member after discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
Discharge plan and estimated discharge date

Expected outcome and prognosis
<input type="checkbox"/> Return to normal functioning <input type="checkbox"/> Expect improvement, anticipate less than normal functioning <input type="checkbox"/> Relieve acute symptoms, return to baseline functioning <input type="checkbox"/> Maintain current status, prevent deterioration
<ul style="list-style-type: none"> Please attach summary sheets of any applicable assessments. Psychological/neuropsychological testing requests require a separate form.

Treatment plan coordination	
I have requested permission from the member/member's parent or guardian to release information to the PCP/psychiatrist.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, rationale why this is inappropriate:
I have communicated with the member's PCP.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, rationale why this is inappropriate:
Treatment plan was discussed with and agreed upon by the member/member's parent or guardian.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provider's signature:	
Date:	

Thank you for your partnership with Healthy Blue in caring for our members.