BlueCross BlueShield of Kansas

NEW DIRECTIONS BEHAVIORAL HEALTH

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OUTPATIENT TREATMENT REQUEST FORM FOR BCBS OF KANSAS (OTR)

Provider Info:

Name:______________________________________ NPI# ____

Address:____ Phone#: _____________________________

Client Info:

Name: __________________________________ Insured ID#: __________________DOB: ________________

Diagnostic Formulation

Axis I: ______________________________ Axis II: _______________ Axis III: __________________________

Axis IV: _____________________________ GAF: current ________ Past Year ________

Risk Severity Index

	None	Mild	Moderate	Severe
Harm to self/others	☐	☐	☐	☐
Substance Abuse	☐	☐	☐	☐
Psychosis	☐	☐	☐	☐
Medical Issues	☐	☐	☐	☐

Symptom Severity Index

	WNL	Mild	Moderate	Severe
Depression/ Anxiety	☐	☐	☐	☐
Social Functioning	☐	☐	☐	☐
Impulsivity	☐	☐	☐	☐
ADL's/ Self Care	☐	☐	☐	☐

Medication Information

Has the member had a psychiatric medication evaluation? Yes ☐ No ☐ planned ☐ unknown ☐

Current Medications and dosage	Medication Compliance: Yes	No	Unknown	Prescriber: Psychiatrist	ARNP	PCP	Other
______________________________	☐	☐	☐	☐	☐	☐	☐
______________________________	☐	☐	☐	☐	☐	☐	☐
______________________________	☐	☐	☐	☐	☐	☐	☐
______________________________	☐	☐	☐	☐	☐	☐	☐

Treatment Information

Expected Treatment (TX) Outcome: problem resolution ☐ symptom reduction ☐ maintenance ☐

TX modalities requested by you: individual ☐ family ☐ group ☐ medication management ☐

Frequency of TX requested: _____________________________ *Estimated Sessions to TX completion:* ___________

TX modalities provided by other providers: individual ☐ family ☐ group ☐ case mgmt ☐ medication mgmt ☐

Other resources utilized: EAP ☐ Community Support Groups ☐ disease management ☐ supported living ☐

Is the family/ primary support system involved in TX? Yes ☐ No ☐ none available ☐

Are you coordinating care with other behavioral health care providers? Yes ☐ No ☐ refused ☐

Are you coordinating care with the member's primary care physician? Yes ☐ No ☐ refused ☐

Treatment Plan, Progress, and Barriers

____ ____________________

Provider Signature *Date*

Please FAX this request to: 913-982-8176 or mail to: NDBH, PO Box 1627, Topeka, KS 66601-1627

For questions, please call: (800) 952-5906

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross and Blue Shield Association. New Directions is an independent company that administers behavioral health benefits on behalf of Blue Cross and Blue Shield of Kansas.