moda HEALTH

Treatment plan

Behavioral Health

Section 1 › Patient information

Patient name	Date of birth (mm/dd/yyyy)	Member no.
Initial date of treatment	Frequency of sessions	No. sessions completed
Requested authorization start date	No. sessions requested	Estimated completion date (for this treatment episode)
Requested CPT codes		

Section 2 › Patient's medical history

Please select treatment history:

- ☐ None
- ☐ Outpatient substance abuse program
- ☐ Outpatient psychotherapy
- ☐ Self-help
- ☐ Inpatient substance abuse program
- ☐ Inpatient mental health treatment
- ☐ Evaluation by psychiatrist/psychiatric nurse practitioner
- ☐ Psychotropic medication
  if checked, was medication helpful?
  ☐ Yes ☐ No

Relevant psychosocial history
Relevant medical history
Alcohol and drug history

Section 3 › Diagnosis and problem assessment

DSM-5 diagnoses

	Severity		
Symptoms	Premorbid	At intake	Current

Describe functional impairments and risk assessment

Identify ASAM level on each dimension (if applicable)			
At intake		Current	
Dimension 1	Dimension 4	Dimension 1	Dimension 4
Dimension 2	Dimension 5	Dimension 2	Dimension 5
Dimension 3	Dimension 6	Dimension 3	Dimension 6

Section 4 > Treatment information

Current psychotropic medications (if applicable)	Dosage	Start date	Prescriber
Are you coordinating care with the client's PCP? ☐ Verbal ☐ Written ☐ None	PCP name		Are you coordinating care with the prescriber? ☐ Verbal ☐ Written ☐ None

Treatment interventions

Instruments used to measure symptom severity and progress	Score at intake	Current score

Treatment goals (specific, measurable, achievable, behavioral)	Progress	Completion criteria

Section 5 > Provider authorization

Provider name	Provider phone	Provider fax
Provider signature X		Date

Ready to submit? Mail or fax this form to Moda Health:

Mail: Moda Health, P.O. Box 5817, Portland, OR 97228 **Fax:** 503-670-8349

Questions? Contact a Behavioral Health representative at 800-799-9391 or 503-624-9382.

modahealth.com