Aetna Better Health® of Kentucky

9900 Corporate Campus Drive, Suite 1000 Louisville, KY 40223



Provider fax:

AETNA BETTER HEALTH® OF KENTUCKY

Provider name (direct contact inlease print)

Multisystemic Therapy (MST) Outpatient Treatment Request Form

Fax as a single document to AETNA BETTER HEALTH OF KENTUCKY 1-855-301-1564 or SKY 1-833-689-1424

Provider phone:

Trovider name (direct contact) picuse print,		,	Trovider phone.		' ' '	Trovider fax.			
Member name (please print)		Medicaid ID#			Da	Date of birth			
							/	/	
Provider NPI:			ZIP			TA	TAX ID		
(required)									
Diagnosis ICD-10:			Comorbid ICD-10 medical diagnosis:						
SED ? □ SMI? □									
Initial MST Request:			Medications:						
			_						
Extension of MST Request:			Compliant?						
Are any supportin	g documents included	with this requ	est?	□ Yes	□ N	0			
			//				,	. 15 ()	
To determine if a serv	vice requires prior authoriza	ation, please visit	: <u>http://</u>	<u>www.aetr</u>	<u>named</u>	<u>icaidportal.co</u>	m/propa	at/Default.aspx	
CPT/HCPCS codes	roquested								
Code	Units Requested	Modifier	Request start date: End date:						
Code	Omis Requested	Wiodillei	Liid date						
			Please note: Requests <u>MUST</u> be received within (2) buisness						
			days of the requested start date. The maximum timeframe						
			that may be requested is (3) months.						
Frantisas limensia	mont voting coals (Cha	al, tha bay to in	d:aa+a		ا میرما	-f:		ala damasin)	
Functional impairi	ment rating scale (Che	ck the box to in	idicate			•		•	
Affection Decree		latita - tananana	:		rent i	evel of impa			
Affective: Depress	ion, mania, mood insta	ibility, inapproj	priate	None		Moderate		Severe	
Amulatus Damia susa	www.aasilwatawtlad fla	معامل ماما							
-	Anxiety: Panic, worry, easily startled, flashbacks, nightmare								
	ADHD symptoms: Hyperactivity, impulsivity, poor insight,								
poor judgment	Hyperactivity, impulsiv								
Obsessions & Compulsions: Rituals, fear of contamination,			nt,						
	npulsions: Rituals, fear	rity, poor insight	nt,						
Reality Construction & Thought processes: Delusions,			nt,						
-	npulsions: Rituals, fear orderliness, hair pullinon & Thought processe	rity, poor insight of contaminating es: Delusions,	on,						
hallucinations, disc	npulsions: Rituals, fear orderliness, hair pullin	rity, poor insight of contaminating es: Delusions,	on,						
hallucinations, disc states, paranoia	npulsions: Rituals, fear orderliness, hair pullinon & Thought processe organized or racing tho	rity, poor insight of contaminating es: Delusions, ughts, dissocia	on,						
hallucinations, disc states, paranoia Cognitive: Cognitive	npulsions: Rituals, fear orderliness, hair pullinon & Thought processe organized or racing tho we impairments due to	rity, poor insight of contaminating es: Delusions, ughts, dissocia	on,						
hallucinations, disc states, paranoia Cognitive: Cognitive dementia and mer	npulsions: Rituals, fear orderliness, hair pullinon & Thought processe organized or racing tho we impairments due to tal retardation	rity, poor insight of contaminating es: Delusions, ughts, dissocia brain trauma,	on, tive						
hallucinations, disc states, paranoia Cognitive: Cognitive dementia and mer Social: Difficulty for	npulsions: Rituals, fear orderliness, hair pullinon & Thought processe organized or racing tho we impairments due to	of contaminating es: Delusions, ughts, dissocia brain trauma,	on, tive						

	None		Moderate		Severe					
Substance Abuse: Problematic use of drugs or alcohol										
Harm to Self or Other: Suicidal ideation, intentionally self-										
injurious behavior, suicide planning, danger to others										
Appetite/Eating: Disturbances in appetite, anorexia/bulimia										
Sleep: Disturbances in sleep patterns, excessive sleep										
Other medical conditions: Presence of medical conditions										
which have significant impact on patient functioning and/or										
quality of life										
theck if member has been previously hospitalized: Check if the member is pregnant:										
The following information MUST be provided in order to mak	e a dete	rmina	ition.							
Clinical Data: (psycho/social/behavioral history, mental statu specific functional impairments, co-occuring disorders and mental statu specific functional impairments are specific functional impairments.	-			h sym	ptomology,					
Progress: (or lack of, and plan to address)										
Compliance with treatment and treatment recommendations: (include plan to address noncompliance)										
Discharge planning: (when is the member expected to transit this transition?)	ion to a	lower	level of care	? Wha	at is impeding					
Provider Signature: Dat	te:									