



AETNA BETTER HEALTH® OF KENTUCKY

Outpatient Treatment Request (OTR)

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

Provider name (direct contact, please print)	Provider phone:	Provider fax:
Member name (please print)	Medicaid ID#	Date of birth / /
Provider NPI: (required)	ZIP	TAX ID
Diagnosis ICD-10: SED ? <input type="checkbox"/> SMI? <input type="checkbox"/>	Comorbid ICD-10 medical diagnosis:	
How long has the member been receiving services?:	Medications:	
Frequency of services?:	Compliant?	

Are any supporting documents included with this request? Yes No

To determine if a service requires prior authorization, please visit: <http://www.aetnamedicaidportal.com/propat/Default.aspx>

CPT/HCPCS codes requested

Code	Units Requested	Modifier

Request start date: _____ End date: _____

Please note: Requests **MUST** be received within **(2) business days** of the requested start date. The maximum timeframe that may be requested is **(3) months**.

Functional impairment rating scale (Check the box to indicate current level of impairment in each domain)					
	Current level of impairment				
	None		Moderate		Severe
Affective: Depression, mania, mood instability, inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety: Panic, worry, easily startled, flashbacks, nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD symptoms: Hyperactivity, impulsivity, poor insight, poor judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessions & Compulsions: Rituals, fear of contamination, excessive need for orderliness, hair pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reality Construction & Thought processes: Delusions, hallucinations, disorganized or racing thoughts, dissociative states, paranoia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive: Cognitive impairments due to brain trauma, dementia and mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social: Difficulty forming positive relationships, isolation, anger/aggression, interpersonal problems at work/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

