



AETNA BETTER HEALTH® OF KENTUCKY

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 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: | |
| Initial MST Request: | Medications: | |
| Extension of MST Request: | 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"/> |

