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BULLETIN 06-5

To: Private Review Agents

**Re: Amendment to Uniform Treatment Plan Form Regulations
COMAR 31.10.21**

Date: March 27, 2006

Purpose and Applicability

The purpose of this Bulletin is to announce that the Uniform Treatment Plan Form required to be used by COMAR 31.10.21.02-1H has been amended. The Uniform Treatment Plan Form is the form that health care providers use when seeking approval to provide treatment for a mental illness, an emotional disorder or a substance abuse disorder. After consultation with representatives of the insurance and health care industry, the new form was developed to improve and streamline the provision of essential information by health care providers to Private Review Agents.

The notice of final action on the amended Regulation and new Uniform Treatment Plan Form were published in the January 20, 2006 issue of the Maryland Register with an effective date of January 30, 2006. Health care providers may begin submitting health care treatment plan information and Private Review Agents must accept the new Uniform Treatment Plan Form as of that date.

Background

A Private Review Agent, as defined by Title 15, Subtitle 10B "Private Review Agents" of the Insurance Article, is required by Title 15, Subtitle 10B to accept the State of Maryland Uniform Treatment Plan Form to conduct utilization review of proposed or delivered services for the treatment of a mental illness, emotional disorder, or a substance abuse disorder. The uniform treatment plan form does not apply to a person or entity that uses a treatment plan form solely for internal purposes.

Code of Maryland Regulations (“COMAR”) 31.10.21 “Private Review Agents” provides additional instruction on form use and completion. For your convenience, a copy of the new Uniform Treatment Plan Form is attached to this Bulletin. An electronic version of the form is available on the MIA’s website at www.mdinsurance.state.md.us and is accessible by selecting *Insurer Services* then *Other Related Services* then the *Health Care Provider Page*.

Questions about this bulletin may be directed to Thomas Marshall at (410) 468-2217.

R. STEVEN ORR
INSURANCE COMMISSIONER

Signature on file with original

By: _____
P. Todd Cioni, Associate Commissioner
Compliance and Enforcement
Maryland Insurance Administration

State of Maryland
Uniform Treatment Plan Form
 (For Purposes of Treatment Authorization)

Carrier or Appropriate Recipient:

<i>PATIENT INFORMATION</i>															<i>PRACTITIONER INFORMATION</i>																																						
PATIENT'S FIRST NAME										PATIENT'S DATE OF BIRTH					PRACTITIONER ID# or TAX ID					PHONE NUMBER																																	
MEMBERSHIP NUMBER										PRACTITIONER NAME, ADDRESS & PHONE																																											
AUTHORIZATION NUMBER (If Applicable)										Date Patient First Seen For This Episode Of Treatment																																											
<p>Have you communicated with the PCP/other relevant health care practitioners about treatment? <input type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: center;"><i>DSM-IV MULTIAXIAL DIAGNOSIS (PLEASE COMPLETE ALL FIVE AXES)</i></p> <p>AXIS I Dx Code <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Dx Code <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>AXIS II Dx Code <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>AXIS III Does the patient have a current general medical condition that is potentially relevant to the understanding or management of the condition(s) noted in Axis I or II? <input type="radio"/> No <input type="radio"/> Yes</p> <p>AXIS IV Severity of current psychosocial stressors <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe</p> <p>AXIS V: GAF Score Highest Past Year <input type="text"/> <input type="text"/> At first Session <input type="text"/> <input type="text"/> Current <input type="text"/> <input type="text"/></p> <p style="text-align: center;"><i>Current Medications (if not applicable, no response is required)</i></p> <p> <input type="radio"/> Anti-psychotic <input type="radio"/> Anti-anxiety <input type="radio"/> Anti-depressant <input type="radio"/> Psycho-stimulant <input type="radio"/> Injectables <input type="radio"/> Hypnotic <input type="radio"/> Non-psychotropic <input type="radio"/> Mood stabilizer/Anti-convulsant <input type="radio"/> Other </p> <p style="text-align: center;"><i>Symptoms</i></p> <p style="text-align: center;">Please rate the patient's current status on these symptoms, if applicable. If not applicable, no response is required.</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Ideation</td> <td style="text-align: center;">Plan</td> <td style="text-align: center;">Prior Attempt</td> <td style="text-align: center;">None</td> <td></td> <td style="text-align: center;">Present</td> <td style="text-align: center;">Absent</td> </tr> <tr> <td style="text-align: left;">Suicidal ideation</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: left;">Self-injurious behavior</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: left;">Homicidal ideation</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: left;">Substance use problems</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>																															Ideation	Plan	Prior Attempt	None		Present	Absent	Suicidal ideation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Self-injurious behavior	<input type="radio"/>	<input type="radio"/>	Homicidal ideation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substance use problems	<input type="radio"/>	<input type="radio"/>
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My signature attests that I have a current valid license in the state to provide the requested services.																																																					