

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

Carrier or Appropriate Recipient:
Magellan Behavioral Health
Fax: 800-365-5030
- or -
PO Box 4930
Columbia, Maryland 21046-4930

PATIENT INFORMATION

PRACTITIONER INFORMATION

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

Have you communicated with the PCP/other relevant health care practitioners about treatment? ☐ Yes ☐ No

DSM-IV MULTIAXIAL DIAGNOSIS (PLEASE COMPLETE ALL FIVE AXES)

AXIS I

Dx Code

.

Dx Code

.

AXIS II

Dx Code

.

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? ☐ No ☐ Yes

AXIS IV

Severity of current psychosocial stressors

☐ None

☐ Mild

☐ Moderate

☐ Severe

AXIS V: GAF Score

Highest Past Year

At first Session

Current

Current Medications (if not applicable, no response is required)

☐ Anti-psychotic

☐ Anti-anxiety

☐ Anti-depressant

☐ Psycho-stimulant

☐ Injectables

☐ Hypnotic

☐ Non-psychotropic

☐ Mood stabilizer/Anti-convulsant

☐ Other

Symptoms

Please rate the patient's current status on these symptoms, if applicable. **If not applicable, no response is required.**

Ideation

Plan

Prior
Attempt

None

Present

Absent

Suicidal ideation

☐

☐

☐

☐

Self-injurious behavior

☐

☐

Homicidal ideation

☐

☐

☐

☐

Substance use problems

☐

☐

Authorization Request Details

CPT
Code

Number
of Units

Complete this section only if a second CPT is needed.

CPT
Code

Number
of Units

Frequency (once a week, etc.): _____

Frequency (once a week, etc.): _____

Requested Start Date of Authorization: ____/____/____

Requested Start Date of Authorization: ____/____/____

Signature of
practitioner:

Date

/ /

My signature attests that I have a current valid license in the state to provide the requested services.