



Regence BlueShield is an Independent Licensee
of the Blue Cross and Blue Shield Association

Federal Employee Program (FEP) Outpatient Mental Health Benefit Information

Mental health pre-authorization highlights for FEP Standard Option and Basic Option Plan members are listed below:

STANDARD OPTION PLAN	BASIC OPTION PLAN
Starting January 1, 2009 requires pre-authorization	Requires pre-authorization
Requires pre-authorization for each Preferred provider	Requires pre-authorization for each Preferred provider
Standard Option members have a limit of 25 visits available for Non-Preferred providers or for Preferred providers in the absence of pre-authorization.	Basic Option members do not have coverage for Non-Preferred providers.
No authorization is required for psychological testing or medication management (CPT 90862). Psychotherapy with medication management (CPT 90805 and 90807) requires treatment authorization.	Same as Standard Option
If Medicare is primary, only submit a treatment plan when Medicare benefits have been exhausted.	Same as Standard Option
Treatment authorizations are valid up to one calendar year. They do not extend beyond the end of the calendar year. Benefits renew annually.	Same as Standard Option

To verify eligibility and benefits please contact our FEP Customer Service department at 1 (877) 668-4651. A complete list of pre-authorization requirements for FEP members is located in the Care Management section of our *Provider Web Site* at www.wa.regence.com/provider.

To obtain pre-authorization for outpatient mental health professional care, please contact Regence Behavioral Health and Wellness at 1 (866) 873-9743.

REGENCE BEHAVIORAL HEALTH TREATMENT PLAN REQUEST FORM

Confidential Information

Patient Name: _____ Patient ID: _____ DOB: _____ Gender: M F
Provider Name: _____ Provider ID/Rider #: _____
Provider Phone #: _____ Service Address: _____
Health/Benefit Plan: FEP PEBB-OR RBCBS-OR RBS-WA RBCBS-UT RBS-ID Other: _____

I. Diagnosis: Use DSM-IV; Include all Axes
Axis I _____ Functional Impairments: Job/School Relationships/Family Disability
Axis II (Personality) _____ Other _____
Axis III (Medical conditions) _____
Axis IV (Stressors) _____
Axis V (GAF) Current _____ Highest in the last 12 months _____

II. Current Risk Factors: Check all that apply and explain in Presenting Symptoms section.
Suicidal/Homicidal Ideation: (None) 0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 (Severe) Safety Plan
Substance Abuse: None Remission Unstable Remission Abuse Dependence Under Evaluation

III. Treatment Information – Current Episode
First date of service: _____ Number of Sessions to date: _____ Number of Sessions Requested at this time: _____
Modality to date: Individual # _____ Family # _____ Joint # _____ Group # _____ Med Mgmt # _____ ½ Hour 1 Hour
Modality requested: Individual # _____ Family # _____ Joint # _____ Group # _____ Med Mgmt # _____ ½ Hour 1 Hour
Frequency to date: _____ Frequency Requested: _____
Type of plan: Short term focused Long term care Chronic care
Orientation: Cognitive/behavioral Systems Psychodynamic Supportive/problem solving Other _____
Identify referrals made (adjunctive therapy, community resources): _____
Have you coordinated care with PCP? Yes No With other providers (or medication prescribers)? Yes No

IV. Medications:
Previous (dosage & length of time on medication): _____
Current (dosage & length of time on medication): _____
Prescribed by: PCP PMHNP/ARNP Psychiatrist

Reason for Treatment/Presenting Symptoms (specify functional impairments):

Relevant History (personal resources, mental health treatment history, relevant new information for resubmission):

Treatment Goals (behaviorally defined): _____ _____	Progress made toward each goal: _____ _____
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Termination Criteria: Briefly describe termination criteria (observable, measurable, and related to symptoms):

Estimated Number of Sessions to Termination of Current Episode of Treatment:

Signature: _____ Licensure: _____ Date: _____

- Fax the completed treatment plan to: Regence Behavioral Health 1 (800) 331-3505
- Or mail this request to:
Regence BlueShield
PO Box 21267 MS S510
Seattle, WA 98101-3267
- For treatment plan authorization questions only, please call 1 (866) 873-9743