



OUTPATIENT TREATMENT REPORT (OTR)

Virginia Premier Health Plan, Inc.
Richmond: PO Box 5307 Richmond, VA 23220-0307

Fax to Medical Management: 1-800-827-7192 For Medical Management questions call
toll free: 1-888-251-3063 All other questions call toll free: 1-800-727-7536

DATE OF REPORT: Check one: Initial OTR [] Subsequent OTR []

I. Patient Demographics:

Name: DOB: Medicaid #

Date(s) of TX since last OTR:

II. INITIAL: Presenting Problems/Precipitants/Criteria to Justify Dx // SUBSEQUENT REVIEWS: Current Pxs & Case Progress:

NOTE: Add'l documentation may be attached to this OTR to demonstrate progress in TX / justify the need for cont'd TX.

III: Relevant HX / Previous TX / Substance Abuse Issues:

IV: DSM IV DX & Code# required for each DX. Please complete ALL five (5) Axes & Note changes on subsequent reviews.

Axis 1a: Axis 2: Axis 4:
Axis 1b: Axis 3: Axis 5: (Currently) (Past Year)

V: Current Psychotropic Medications & Prescribing MD:

MD:

Table with 3 columns: Drug Name, Dosage, Frequency. Rows 1, 2, 3.

Table with 3 columns: Drug Name, Dosage, Frequency. Rows 3, 4, 5.

VI: Short-Term Goals for the next 6 months:

1.
2.
3.

VII: Number of TX sessions over next 6 months & TYPE: I/T, F/T and/or G/T: Frequency of Visits:

Clinician's Name & Title (please print) (Provider's signature)

Provider group or agency:

Provider's Address: (#) (Street) (City) (State) (Zip)

Provider's Phone: () (area code) () (phone #) Provider's Fax: () (area code) () (phone #)

Certain situations trigger a focused review of the medical necessity of care. The treatment plan may require additional data to assure that care is medically necessary.