

ValueOptions

**Annual Medication Management Registration Form
(CPT 90862 or 90805)**

USE THIS FORM TO REGISTER MEDICATION MANAGEMENT ONLY
DO NOT USE AN OUTPATIENT TREATMENT REPORT (OTR)

Today's Date: _____

Patient Name: _____

Last Name

First Name

Patient Date of Birth: ___/___/___

Insured SS #: ___-___-___

OR Member number: _____

Name of Insurance and employer: _____

**Practitioner = Individual Practitioner, Facility or Clinic*

*Practitioner name:

MD/DO

Last Name or Facility/Clinic Name

Practitioner First Name

RNs with prescriptive authority

Street Address

City

State

Zip

Practitioner Phone #:(___ ___) ___ - ___ Practitioner Tax Identification #: _____

Practitioner Signature: _____

Axis 1: _____

Axis 2: _____

Axis 3: _____

Axis 4: _____

Axis 5: _____

Type of Medication

Antidepressant

Antipsychotic

Psychostimulant

Mood Stabilizer

Substance Abuse Treatment

Anxiolytic

Other: _____

Registration will include one 90801 session.

Start of Care: ___/___/___

Estimated number of 90862 (Pharmacological management) sessions per year: _____

Estimated number of 90805 (Individual psychotherapy, approx. 20-30 minutes with Medical Evaluation and Management services): _____

Estimated number of visits per year: _____

Registration should not be considered a guarantee of payment by the Plan. Payment by the Plan is also subject to all other Plan requirements and limitations as of the time services are rendered. Patient must be eligible for benefits at the time services are rendered. Treatment decisions are always the responsibility of the patient and the provider, not ValueOptions or the Plan.