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Behavioral Health initial review form

(For inpatient, residential treatment, PHP or IOP)

Please submit via the provider website at providers.amerigroup.com or by fax to 1-877-434-7578

Today's date:		
Contact information		
Level of care: Inpatient psych ☐ Inpatient detox ☐ Inpatient chemical dependency ☐ Psychiatric RTC ☐ Chemical dependency RTC ☐ PHP ☐ IOP ☐		
Member name:	Member ID or reference number:	Member date of birth:
Member address:		Member phone number:
Hospital account number:	For child/adolescent, name of parent/guardian:	Primary spoken language:
Name of utilization review contact:	Utilization review contact phone number: Utilization review fax number:	
Admit date:	Level of care:	Voluntary or involuntary? (If involuntary, attach copy of court order (PEC, etc., as applicable)
Facility name:	Facility NPI or Amerigroup provider number:	
Attending physician first and last names:	Attending physician phone number:	
Provider NPI or Amerigroup provider number:	Facility unit:	Facility phone number:
Discharge planner name:	Discharge planner phone number:	
DSM-5/ICD-10 diagnoses		
Precipitant to admission Be specific. Why is the treatment needed now?		
Risk assessment Include medical necessity reasons for admission		
Current legal issues		

Substance abuse or dependence

Current UA/lab results and use pattern (substances, last use, frequency, duration, sober history, vitals)

For substance use disorders, please complete the following additional information.

Current assessment of American Society of Addiction Medicine (ASAM) criteria			
Dimension (describe or give symptoms)	**Risk rating**		
Dimension 1: acute intoxication and/or withdrawal potential (include vitals, withdrawal symptoms) _____ _____	Minimal/None: ☐	Mild: ☐	Moderate: ☐
	Significant: ☐	Severe: ☐	
Dimension 2: biomedical conditions and complications _____ _____	Minimal/None: ☐	Mild: ☐	Moderate: ☐
	Significant: ☐	Severe: ☐	
Dimension 3: emotional, behavioral or cognitive complications _____ _____	Minimal/None: ☐	Mild: ☐	Moderate: ☐
	Significant: ☐	Severe: ☐	
Dimension 4: readiness to change _____ _____	Minimal/None: ☐	Mild: ☐	Moderate: ☐
	Significant: ☐	Severe: ☐	
Dimension 5: relapse, continued use or continued problem potential _____ _____	Minimal/None: ☐	Mild: ☐	Moderate: ☐
	Significant: ☐	Severe: ☐	
Dimension 6: recovery living environment _____ _____	Minimal/None: ☐	Mild: ☐	Moderate: ☐
	Significant: ☐	Severe: ☐	

If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning?

Co-occurring medical/physical illness

Functional impairment/strength (including interpersonal relations, personal hygiene, work/school)
Describe recovery environment (including support system, level of stress)
Engagement/level of active participation in treatment (past and present)
Previous treatment **(Include provider name, facility name, medications, specific treatment/levels of care and adherence)**
Current treatment plan
Standing medications:
As needed (PRN) medications administered (not ordered):
Other treatment and/or interventions planned (including when family therapy is planned):
Coordination of care **(Include coordination activities with case managers, family, community agencies, etc. If case is open with another agency, include name the agency, phone and case number.)**
Readmission within last 30 days?
Yes ☐ **No** ☐ If yes, and readmission was to the discharging facility, what part of the discharge plan did not work and why?
Initial discharge plan **(List name and number of discharge planner, and include whether the member can return to current residence.)**

Please attach summary sheets of LOCUS, CASII or other assessments if applicable, which may support your request.	
Expected length of stay from today:	
Submitted by:	**Phone:**

Important Note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.