Blue Medicare Advantage

Behavioral Health Initial Review Form for Inpatient and Partial Hospital Programs

Instead of faxing this form, submit your request electronically using our preferred method at **https://www.availity.com**.* If you are faxing this form, send to **844-430-1702**.

Today's date:	
Contact information	
Level of care: ☐ Inpatient psychiatric ☐ Inpatient detox ☐ Inpatient substance use rehab ☐ PHP mental health ☐ PHP substance use	
Member name:	
Member ID or reference #:	Member DOB:
Member address:	
Member phone:	
Hospital account #:	
For child/adolescent, name of parent/guardian:	
Primary spoken language:	
Name of utilization review (UR) contact:	
UR contact phone number:	UR contact fax number:
Admit date:	
Admitting facility name:	Facility provider # or NPI:
Attending physician (first and last name):	
Attending physician phone:	Provider # or NPI:
Facility unit:	Facility phone:
Discharge planner name:	
Discharge planner phone:	
Diagnosis (psychiatric, chemical dependency, and medical)	

* Availity, LLC is an independent company providing administrative support services on behalf of Blue Medicare Advantage.

Precipitant to admission (Be specific. Why is the treatment needed now?)

Risk of harm to self

If present, describe:

If prior attempt, date and description:

Risk rating (Select all that apply.)

☐ Not present ☐ Ideation ☐ Plan ☐ Means ☐ Prior attempt

Risk of harm to others

If present, describe:

If prior attempt, date and description:

Risk rating (Select all that apply.)

☐ Not present ☐ Ideation ☐ Plan ☐ Means ☐ Prior attempt

Psychosis

Risk rating (0 = None, 1 = Mild or mildly incapacitating, 2 = Moderate or moderately incapacitating, 3 = Severe or severely incapacitating, N/A = Not assessed):

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ N/A

If present, describe:

Symptoms (Select all that apply.):

☐ Auditory/visual hallucinations ☐ Paranoia
☐ Delusions ☐ Command hallucinations

Substance use

Risk rating (0 = None, 1 = Mild or mildly incapacitating, 2 = Moderate or moderately incapacitating, 3 = Severe or severely incapacitating, N/A = Not assessed):

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ N/A

Substance (Select all that apply.):

☐ Alcohol ☐ Marijuana ☐ Cocaine
☐ PCP ☐ LSD ☐ Methamphetamines
☐ Opioids ☐ Barbiturates ☐ Benzodiazepines
☐ Other (Describe.):

Urine drug screen: ☐ Yes ☐ No ☐ Unknown

Result (if applicable): ☐ Positive (If selected, list drugs.): ☐ Negative ☐ Pending	
BAL: ☐ Yes ☐ No ☐ Unknown	
Result (if applicable): ☐ Value: ☐ Pending	
Substance use screening (Select if applicable and give score.): ☐ CIWA: ☐ COWS:	
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 (such as vitals, withdrawal symptoms)	☐ Minimal/none — not under influence; minimal withdrawal potential ☐ Mild — recent use but minimal withdrawal potential ☐ Moderate — recent use; needs 24-hour monitoring ☐ Significant — potential for or history of severe withdrawal; history of withdrawal seizures ☐ Severe — presents with severe withdrawal, current withdrawal seizures
Dimension 2 (biomedical conditions and complications)	☐ Minimal/none — none or insignificant medical problems ☐ Mild — mild medical problems that do not require special monitoring ☐ Moderate — medical condition requires monitoring but not intensive treatment ☐ Significant — medical condition has a significant impact on treatment and requires 24-hour monitoring ☐ Severe — medical condition requires intensive 24-hour medical management
Dimension 3 (emotional, behavioral, or cognitive complications)	☐ Minimal/none — none or insignificant psychiatric or behavioral symptoms ☐ Mild — psychiatric or behavioral symptoms have minimal impact on treatment ☐ Moderate — impaired mental status; passive suicidal/homicidal ideations; impaired ability to complete ADLs ☐ Significant — suicidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24-hour monitoring ☐ Severe — active suicidal/homicidal ideations and plans, acute psychosis, severe emotional lability or delusions; unable to attend to ADLs; psychiatric and/or behavioral symptoms require 24-hour medical management
Dimension 4 (readiness to change)	☐ Maintenance — engaged in treatment ☐ Action — committed to treatment and modifying behavior and surroundings ☐ Preparation — planning to take action and is making adjustments to change behavior; has not resolved ambivalence ☐ Contemplative — ambivalent; acknowledges having a problem and beginning to think about it; has indefinite plan to change ☐ Precontemplative — in treatment due to external pressure; resistant to change

Dimension 5 (relapse, continued use, or continued problem potential)	☐ Minimal/none — little likelihood of relapse ☐ Mild — recognizes triggers; uses coping skills ☐ Moderate — aware of potential triggers for MH/SA issues but requires close monitoring ☐ Significant — not aware of potential triggers for MH/SA issues; continues to use/relapse despite treatment ☐ Severe — unable to control use without 24-hour monitoring; unable to recognize potential triggers for MH/SA despite consequences
Dimension 6 (recovery living environment)	☐ Minimal/none — supportive environment ☐ Mild — environmental support adequate but inconsistent ☐ Moderate — moderately supportive environment for MH/SA issues ☐ Significant — lack of support in environment or environment supports substance use ☐ Severe — environment does not support recovery or mental health efforts; resides with an emotionally/physically abusive individual or active user; coping skills and recovery require a 24-hour setting

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

Previous treatment (Include provider name, facility name, medications, specific treatment/levels of care and adherence.)

Current treatment plan

Standing medications:

As-needed medications administered (not ordered):

Other treatment and/or interventions planned (including when family therapy is planned):

Support system (Include coordination activities with case managers, family, community agencies and so on. If case is open with another agency, name the agency, phone number and case number.)

Results of depression screening
Readmission within the 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.)
Planned discharge level of care:
Describe any barriers to discharge:
Expected discharge date:
Submitted by:
Phone: