

Behavioral Health Concurrent Review for Inpatient and Detox (ASAM Levels 3.7 and 4)

Submit completed form electronically using our preferred method at **Availity** or by fax to **1-833-974-0059**.

Today's date:	
Contact at provider's office:	Secure fax:
Name of requestor:	Phone:
Discharge planner:	Phone:
Note: Please provide appropriate contact information, including best working phone number for Humana staff to contact you if we need clarification or additional information to complete the request.	

Member information

Last name:		First name:	
Humana ID:	Medicaid ID:	Date of birth:	
Parent/guardian name:		Phone:	
Is the member currently in coordinated system of care (CSoc)?		Yes	No

Requesting provider/facility

Provider name:	TIN:	NPI:
Address:	City, state, ZIP:	
Contact name:	Phone:	Fax:

Treating/servicing provider

Provider name:	TIN:	NPI:
Address:	City, state, ZIP:	
Contact name:	Phone:	Fax:

Services

Inpatient psychiatric	ASAM 3.7	ASAM 4
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Diagnosis code(s) and date(s) of service (DOS)

ICD-10*:	ICD-10*:	ICD-10*:	ICD-10*:
Admit date:	Voluntary	Involuntary, date of commitment:	
Start date of service:		End date of service:	
Type of request:	Concurrent request		

* ICD-10 codes are from the International Classification of Diseases, Tenth Edition.

Service code(s) including modifiers as indicated

Code:

Diagnosis (psychiatric, chemical dependency and medical)

Risk of harm to self (within the past 24 to 48 hours)

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 (within the past 24 to 48 hours)

If present, describe:

If prior attempt, date and description:

Risk rating (select all that apply)

Not present

Ideation

Plan

Means

Prior attempt

Psychosis (within the past 24 to 48 hours)

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

Delusions

Paranoia

Command hallucinations

Substance use (within the past 24 to 48 hours)

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
Substances (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		

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

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

<p>Dimension 3 (emotional, behavioral or cognitive complications)</p>	<p>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 activities of daily living (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</p>
<p>Dimension 4 (readiness to change)</p>	<p>Maintenance — engaged in treatment Action — committed to treatment and modifying behavior and surroundings Preparation — planning to take action and 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</p>
<p>Dimension 5 (relapse, continued use or continued problem potential)</p>	<p>Minimal/none — little likelihood of relapse Mild — recognizes triggers; uses coping skills Moderate — aware of potential triggers for mental health/substance abuse (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</p>
<p>Dimension 6 (recovery living environment)</p>	<p>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</p>

Medications

Have medications changed (type, dose and/or frequency) since admission? Yes No
 If **yes**, give medication, current amount and change date:

Have any as-needed medications been administered? Yes No
 If **yes**, give medication, current amount and change date:

Member's participation in and response to treatment

Attending groups?	Yes	No	N/A
Family or other supports involved in treatment?	Yes	No	N/A
Adherent to medications as ordered?	Yes	No	N/A
Member is improving in (select all that apply):			
Thought processes	Yes	No	Performing ADLs Yes No
Affect	Yes	No	Impulse control/behavior Yes No
Mood	Yes	No	Sleep Yes No

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

Discharge plan (List name and number of discharge planner and include whether the member can return to current residence.)

Housing issues:

Discharge plan (List name and number of discharge planner and include whether the member can return to current residence.)

Psychiatry:

Therapy and/or counseling:

Medical:

Wraparound services:

Substance use services:

Planned discharge level of care:

Expected discharge date:

Submitted by:

Date: