

Behavioral Health Initial 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:
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
Authorization reference number (if applicable):			

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
-----------------------	----------	--------



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:	Initial 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)

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

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

If present, describe:

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

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

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:

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

<p>Dimension 2 (biomedical conditions and complications)</p>	<p>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</p>
<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>

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

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, provide the agency name, phone number and case number.)

Results of depression screening

Readmission within the past 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:

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

Describe any barriers to discharge:

Expected discharge date:

Submitted by:

Date: