

## Behavioral Health Initial Review Form

Please submit your request electronically using our preferred method via <https://www.availity.com>. If you prefer to fax this form instead, you may send it to:

- Medicare Advantage: **844-430-1702**
- Medicaid: **844-430-6806**

If you have any questions, contact Provider Services at **833-731-2274**.  
**The prescriber admission/evaluation note must accompany this request.**

To avoid delays in processing, do not write *See attached*. Do not attach/fax the Medical Administration Record (MAR). Do not write *See MAR*. Do not attach/fax individual treatment plan notes or RN notes.

Today's date:	
<b>Member information</b>	
Name:	DOB:
Member ID #:	ProviderOne or last 4 digits of SSN:
Address:	Phone #:
<b>Provider information</b>	
Requesting facility name (if different from admitting facility):	
Requestor's phone:	Requestor's fax:
Admitting facility name:	
Date of admission:	NPI:
Admitting phone:	Admitting fax:
Current status: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Next ITA court date:
Authorization request type:	<input type="checkbox"/> Urgent <input type="checkbox"/> Planned <input type="checkbox"/> Family-initiated treatment
Admitting UMR contact name:	
Admitting UMR phone:	Admitting UMR fax:
Attending physician first and last name (or clinician if none):	Prescriber and/or clinician NPI:
Requested level of care (use words, not codes):	
If for substance use, provide specific ASAM level of care:	



<b>Complete the following additional information only if this is a substance use admission using your current assessment.</b>
Current/active alcohol and/or substance withdrawal in last 24 to 48 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, document the substance use and current/active withdrawal symptoms:
CIWA, COWS scores and dates (if applicable):
Vital signs (with dates):
Medication assisted treatment (MAT) initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, document why not:  If yes, document the medications under the current treatment plan/medication section below.
Complete the ASAM assessment below or send/include a completed copy of your current ASAM assessment.

<b>Current assessment of American Society of Addiction Medicine (ASAM) criteria</b>	
<b>Dimension (Describe or give symptoms.)</b>	<b>Risk rating</b>
Dimension 1 (acute intoxication and/or withdrawal potential such as vitals, withdrawal symptoms)	<input type="checkbox"/> Minimal/none — not under influence; minimal withdrawal potential <input type="checkbox"/> Mild — recent use but minimal withdrawal potential <input type="checkbox"/> Moderate — recent use; needs 24-hour monitoring <input type="checkbox"/> Significant — potential for or history of severe withdrawal; history of withdrawal seizures <input type="checkbox"/> Severe — presents with severe withdrawal, current withdrawal seizures
Dimension 2 (biomedical conditions and complications)	<input type="checkbox"/> Minimal/none — none or insignificant medical problems <input type="checkbox"/> Mild — mild medical problems that do not require special monitoring <input type="checkbox"/> Moderate — medical condition requires monitoring but not intensive treatment <input type="checkbox"/> Significant — medical condition has a significant impact on treatment and requires 24-hour monitoring <input type="checkbox"/> Severe — medical condition requires intensive 24-hour medical management

<p>Dimension 3 (emotional, behavioral or cognitive complications)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Minimal/none — none or insignificant psychiatric or behavioral symptoms</li> <li><input type="checkbox"/> Mild — psychiatric or behavioral symptoms have minimal impact on treatment</li> <li><input type="checkbox"/> Moderate — impaired mental status; passive suicidal/homicidal ideations; impaired ability to complete ADLs</li> <li><input type="checkbox"/> Significant — suicidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24-hour monitoring</li> <li><input type="checkbox"/> 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</li> </ul>
<p>Dimension 4 (readiness to change)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Maintenance — engaged in treatment</li> <li><input type="checkbox"/> Action — committed to treatment and modifying behavior and surroundings</li> <li><input type="checkbox"/> Preparation — planning to take action and is making adjustments to change behavior; has not resolved ambivalence</li> <li><input type="checkbox"/> Contemplative — ambivalent; acknowledges having a problem and beginning to think about it; has indefinite plan to change</li> <li><input type="checkbox"/> Precontemplative — in treatment due to external pressure; resistant to change</li> </ul>
<p>Dimension 5 (relapse, continued use or continued problem potential)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Minimal/none — little likelihood of relapse</li> <li><input type="checkbox"/> Mild — recognizes triggers; uses coping skills</li> <li><input type="checkbox"/> Moderate — aware of potential triggers for MH/SA issues but requires close monitoring</li> <li><input type="checkbox"/> Significant — not aware of potential triggers for MH/SA issues; continues to use/relapse despite treatment</li> <li><input type="checkbox"/> Severe — unable to control use without 24-hour monitoring; unable to recognize potential triggers for MH/SA despite consequences</li> </ul>
<p>Dimension 6 (recovery living environment)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Minimal/none — supportive environment</li> <li><input type="checkbox"/> Mild — environmental support adequate but inconsistent</li> <li><input type="checkbox"/> Moderate — moderately supportive environment for MH/SA issues</li> <li><input type="checkbox"/> Significant — lack of support in environment or environment supports substance use</li> <li><input type="checkbox"/> 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</li> </ul>

<b>Current treatment plan</b> Do not send/fax the MAR (or write See MAR), individual treatment plan notes or RN notes.	
List current <b>standing</b> medications for behavioral and physical health. (Include name of medication, mg strength and frequency for each.)	
As needed medications (PRNs) for agitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, document the name(s) of medication(s), date it was last given and the reason(s)/trigger(s) for PRN administration:	
Other treatment and psychological interventions/plan (Include dates of recent and upcoming family therapy sessions at your facility.):	
Support system (Include coordination efforts with case managers, family, community agencies, etc. If there is social service/government agency involvement, list the reason why, agency name, contact, phone number and case number.):	
Readmission within last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your discharge plan address reason for readmission?	
<b>Discharge plan</b> (List name and number of discharge planner and include whether the member can return to current residence. If homeless, document the plan for housing. Document any current barriers to discharge.)	
Number of days requested:	Estimated discharge date:
<b>Submitted by (Print name.):</b>	
<b>Signature:</b>	

**Disclaimer:** Authorization indicates that Wellpoint determined medical necessity has been met for the requested service(s) but does not guarantee payment. Payment is contingent upon the eligibility and benefit limitations at the time services are rendered.