Anthem

Medicaid Managed Care
Medicare Advantage

Behavioral Health Concurrent Review Form for Inpatient, RTC, PHP and IOP

This communication applies to Medicaid under Anthem Blue Cross and Blue Shield Healthcare Solutions and Medicare Advantage under Anthem Blue Cross and Blue Shield (Anthem).

Please submit your request electronically using our preferred method at **https://www.availity.com**.*
If you choose to fax this form instead, you may send it to**:**

- Medicaid: **1-844-442-8009**
- Medicare Advantage: **1-844-430-1702**

Today's date:	
Contact information	
Level of care: ☐ Inpatient psychiatric ☐ PHP mental health ☐ Substance use RTC (ASAM level, if appropriate:) ☐ Psychiatric RTC ☐ PHP substance use ☐ IOP mental health ☐ Inpatient substance use rehab ☐ Inpatient detox ☐ IOP substance abuse	
Member name:	
Member ID or reference #:	Member DOB:
Member address:	
Member phone:	
Facility 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: ☐ Voluntary ☐ Involuntary (If involuntary, date of commitment:)	
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 Anthem.

ANVPEC-1579-21 May 2021 518062NVPENABS

Risk of harm to self (within the last 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 last 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 last 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 ☐ Paranoia

☐ Delusions ☐ Command hallucinations

Substance use (within the last 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

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	
For substance use disorders, please complete the following additional information, based on current assessment.	
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

Current treatment plan

Medications

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

Have any PRN 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):

Affect	☐ Yes	☐ No	Thought processes	☐ Yes	☐ No
Mood	☐ Yes	☐ No	Performing ADLs	☐ Yes	☐ No
Sleep	☐ Yes	☐ No	Impulse control/behavior	☐ Yes	☐ No

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.)

Discharge plan (Note changes and barriers to discharge planning in these areas and plan for resolving barriers. If a recent readmission, indicate what is different about the plan from last time.)

Housing issues:

Psychiatry:

Therapy and/or counseling:

Medical:

Wraparound services:

Substance use services:

Planned discharge level of care:

Expected discharge date:

Submitted by:	**Phone:**