

Behavioral Health Concurrent Review Fax Form

Please submit your request electronically using our preferred method via [Availity.com](https://www.availity.com). If you prefer to fax, submit this form to **844-456-2696** on the last authorized day.

Today's date:	
Contact information	
Member name:	Date of birth:
Member ID or reference number:	Phone number:
Member address:	
Facility contact name and phone number (if changed):	
Name of facility:	
Facility NPI or Anthem Blue Cross and Blue Shield HP number:	
Facility unit and phone number (if changed since initial review):	
Diagnosis (Document changes only)	
Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V:	
Risk assessment	
In the past 24 to 48 hours, has the member shown suicidal or homicidal thoughts or plans, physical aggression to self or others, or command auditory hallucinations; on close observation, drug and/or alcohol withdrawal symptoms or comorbid health concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, explain:	
Lab results	
Medications (List current medications and any changes with dates. Include medications for physical conditions. If medications require prior authorization, indicate how this is being addressed. Indicate as-needed [PRN] medications actually administered and when.)	

Summary of nursing notes:
Summary of MD notes:
Other treatment plan changes or assessments (Include results of chemical dependency assessment, medical assessments or treatments):

For substance use disorders (primary or secondary), complete the following additional information

Current Assessment of American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC-2R)	
Dimension (Describe or give symptoms.)	Level of severity
Dimension I (Intoxication/withdrawal potential)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Explanation (if other than low):
Dimension II (Biomedical conditions)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Explanation (if other than low):
Dimension III (Emotional/behavioral/cognitive)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Explanation (if other than low):
Dimension IV (Readiness to change)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Dimension V (Relapse/continued use potential)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Explanation (if other than low):

Dimension VI (Recovery environment)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low Explanation (if other than low):
If any ASAM dimensions are high, how are they being addressed in treatment or discharge planning?	
Response to treatment:	
Involvement in treatment or discharge planning of member, family/guardian(s), outpatient providers or other identified supports:	
Discharge planning (Note changes, barriers to discharge planning in these areas and plan for resolving barriers.)	
Housing issues:	
Psychiatry:	
Therapy and/or counseling:	
Medical:	
Wraparound services:	
Substance abuse services:	
Was post-hospital discharge appointment scheduled? <input type="checkbox"/> No <input type="checkbox"/> Yes, date:	
Days requested or expected length of stay from today:	
Submitted by:	
Phone number:	