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**.

Secure fax:

Name of requestor:	Pho	ne:		
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 inf	formation		
Last name:		First name:		
Humana ID:	Humana ID: Medicaid ID:		Date of birth:	
Parent/guardian name:			Phone	:
Is the member currently in coording	ated system of ca	re (CSoC)? Yes		No
Authorization reference number (if	applicable):			
Requesting provider/facility				
Provider name: TIN: NPI:			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 Services				
Inpatient psychiatric	ASAM 3.7		ASAM 4	

Humana Harizans

Today's date:

Contact at provider's office:

Healthy Horizons on Louisiana

	Diagnosis code(s) and d	ate(s) of service (DOS)		
ICD-10*:	ICD-10*:	ICD-10*:	ICD-10*:	
Admit date:	Voluntary I	nvoluntary, date of commitr	ment:	
Start date of service:	Start date of service: End date of service:			
Type of request: Initio	ıl request			
* ICD-10 codes are from th	e International Classificatio	n of Diseases, Tenth Edition		
	Service code(s) including	modifiers as indicated		
Code:				
Diagnosis (psychiatric, ch	emical dependency and m	edical)		
Durainitant to admiraion	(De en esific M/h.v.ia tha two	mt-ma and ma and a display (2)		
Precipitant to damission	(Be specific. Why is the tre	atment needed now?)		
Risk of harm to self (with	in 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	e and description:			
Risk rating (select all	that apply)			
Not present	Ideation	Plan	Means	Prior attempt
			ricario	Thor accompt
Risk of harm to other	ers (within the past	: 24 to 48 hours)		
If present, describe:				
If prior attempt, date	e and description:			
Risk rating (select all				- • · · · · ·
Not present	Ideation	Plan	Means	Prior attempt
		Psychosis		
Risk rating (0 = None	, 1 = Mild or mildly i		Moderate or moderately	incapacitating,
3 = Severe or severely				
0	1	2	3	N/A
If present, describe:				

Psychosis			
Symptoms (select all that apply)			
Auditory/visual hallucinations	Paranoia		
Delusions	Command hallucinations		

Substance use				
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 t	hat apply)			
Alcohol	Marijuan	a	Cocain	е
PCP	LSD		Methar	mphetamines
Opioids	Barbitura	tes	Benzodiazepines	
Other (describe):				
Urine drug screen:	Yes	No	Unknown	
Result (if applicable):	Positive (if selected, l	ist drugs):		
	Negative	Pending		
Blood alcohol level scre	een: Yes	No	Unknown	
Result (if applicable):	Value	Pending		
Substance use screening (select if applicable and give score):				
Clinical Institute Withdrawal Assessment (CIWA):				
Clinical Opiate Withdrawal Scale (COWS):				

For substance use disorders, please complete the following additional information. Current assessment of American Society of Addiction Medicine (ASAM) criteria

current assessment of American Society of Addiction Medicine (Assumption			
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		

For substance use disorders, ple	ease complete the following additional information.
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 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
Dimension 4 (readiness to change)	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
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 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

For substance use disorders, pl	ease 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
	oderate or higher risk ratings, how are they being addressed in
treatment or discharge planning) <i>:</i>
Previous treatment (Include procare and adherence.)	ovider name, facility name, medications, specific treatment/levels of
Current treatment plan	
Standing medications:	
As-needed medications adminis	stered (not ordered):
Other treatment and/or interver	ntions 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:
Flammed discharge level of care.

Initial discharge plan (List name and number of discharge plan can return to current residence.)	ner and include whether the member
Describe any barriers to discharge:	
Expected discharge date: Submitted by:	Date: