HIGHMARK WESTERN NEW YORK

Medicaid Managed Care
Child Health Plus

Behavioral Health Initial Review Form

Highmark Blue Cross Blue Shield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to MMC and CHPlus programs only.

This form is for inpatient, residential treatment, Partial Hospitalization Program (PHP) or Intensive Outpatient Services. Please submit your request electronically using our preferred method at **https://www.availity.com**. If you prefer to fax this form instead, you may send it to **844-456-2694**.

Today's date:		
Level of care:	☐ Inpatient psychiatric ☐ Inpatient detoxification ☐ PHP ☐ IOP	☐ Inpatient chemical dependency ☐ Psychiatric residential treatment ☐ Chemical dependency residential treatment
Member name:		
Member ID/reference number:		Member DOB:
Member address:		
Member phone number:		
Hospital account number:		
For child/adolescent, name of parent/guardian:		
Primary spoken language:		
Name of utilization review contact:		
Phone:		
Admission date:		
Level of care:	☐ Voluntary ☐ Involuntary?	(If involuntary, attach copy of court order [pre-existing condition, etc.] as applicable.)
Facility name:		
Facility NPI or physician number:		
Attending physician first and last names:		
Phone:		Fax:
Discharge planner name:		
Phone:		

https://providerpublic.mybcbswny.com

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ICD-10 diagnoses
Why is the treatment needed now? Please be specific.
Risk assessment: Include medical necessity reasons for admission.
Current legal issues
Substance abuse or dependence: current urine analysis/lab results and use pattern (substances, last use, frequency, duration, sober history, vitals)

This section of the form is for substance use disorders only.

Dimension 1 (acute intoxication or withdrawal potential) Include vitals and withdrawal symptoms.	
	☐ Minimal/none ☐ Mild ☐ Moderate ☐ Significant ☐ Severe
Dimension 2 (biomedical conditions and complications)	
	☐ Minimal/none ☐ Mild ☐ Moderate ☐ Significant ☐ Severe
Dimension 3 (emotional, behavioral or cognitive complications)	
	☐ Minimal/none ☐ Mild ☐ Moderate ☐ Significant ☐ Severe
Dimension 4 (readiness to change)	
	☐ Minimal/none ☐ Mild ☐ Moderate ☐ Significant ☐ Severe
Dimension 5 (relapse, continued use or continued problem potential)	
	☐ Minimal/none ☐ Mild ☐ Moderate ☐ Significant ☐ Severe
Dimension 6 (recovery living environment)	
	☐ Minimal/none ☐ Mild ☐ Moderate ☐ Significant ☐ Severe
If any American Society of Addiction Medicine dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning?	

Co-occurring medical/physical illness
Functional impairment/strength (including interpersonal relations, personal hygiene and work/school)
Describe recovery environment, including support system and level of stress.
Engagement/level of active participation in treatment (past and present)
Previous treatment (Include physician name, facility name, medications, specific treatment/levels of care and adherence.)
Current treatment plan (Describe standing medications, as-needed [PRN] medications administered but not ordered, and other treatment and interventions planned. Include when family therapy is planned.)
Coordination of care (Include coordination activities with case managers, family, community agencies, etc. If case is open with another agency, name the agency, phone and case number.)
Was member readmitted within the last 30 days? If so 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.)
Expected length of stay from today:
Submitted by:
Phone: