



**Behavioral Health Request Form**

**Substance Use Disorder Residential/PHP/IOP & Mental Health PHP/IOP Concurrent Review Form**

Please complete applicable sections and fax SUD residential requests to 215-238-2312 and fax PHP/IOP requests to 215-238-2284.

**SECTION A – Member identification**

Member name: (last, first, middle initial)		DOB
Policy #	Servicing facility/program	
NPI		Phone #
Program frequency (days of the week/hours per day)		
Date last session used (PHP/IOP) only		
UR Name & Phone	Fax	
Date extension needed through _____		Request for additional days/sessions

**SECTION B – Level of care requested**

Level of care	Billing Code	
Partial Hospitalization (PHP)	H0035	S0201
Intensive Outpatient (IOP)	H0015	S9480
SUD Residential		

**SECTION C – Service type**

Mental health	Eating disorder	Substance use disorder
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**SECTION D – Diagnosis**

Diagnosis
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## SECTION E – Medications/Changes

Name(s)	Dosage	Date of adjustment

## SECTION F – Clinical symptoms

Depressed mood	Social isolation	Restlessness	Loss of energy/fatigue
Sleep disturbance (difficulty falling or staying asleep)	Decreased ADL performance	Difficulty concentrating	Irritability/agitation
Crying spells	Lack of motivation	Nervousness	Fear of losing control or going crazy
Excessive worry	Chest pain/SOB/ racing heart	Periods of elevated, expansive mood	Racing thoughts
Inflated self-esteem or grandiosity	Decreased need for sleep	Tangential/ pressured speech	Psychomotor agitation
Hallucinations	Paranoia	Delusions	Aggression

### Psychosocial Risks and Functional Impairments (select all that apply to the current request)

- Is the member currently reporting any suicidal/homicidal ideation?      Yes      No  
Explain:  
\_\_\_\_\_
- Is the member engaging in any self-injurious behavior(s)?      Yes      No  
Explain (include date of last episode):  
\_\_\_\_\_
- Does the member have any substance use issues?      Yes      No  
Explain:  
\_\_\_\_\_
- Does the member have any legal issues/court/DYS involvement?      Yes      No  
Explain:  
\_\_\_\_\_
- Does the member have any school/educational issues?      Yes      No      N/A  
Explain:  
\_\_\_\_\_

## SECTION F — Clinical symptoms (continued)

Psychosocial risks and functional impairments (select all that apply to the current request)					
6. What is the member's employment status?					
Employed	Employment at risk	On/requesting medical leave	Disabled	Unemployed	N/A
Explain:					
7. What is the members psychosocial/home environment status?					
Home risk/safety concerns	Homeless	Stable/supportive	Lives alone		
Married	Single	Divorced	Separated		
Explain:					
8. Who does the member identify as their support system?					

## SECTION G — Current clinical update

Rationale for ongoing treatment, risk factors, mental status exam, functional impairments, barriers to lower level of care, physician/PA/NP notes
Discharge plan

## SECTION H — Eating disorders only

Height	Weight	BMI	IBW
Heighest weight	Lowest weight	Weight change in last month	
Orthostatic vitals			
Sitting BP	Pulse	Standing BP	Pulse
/		/	

## SECTION H — Eating disorders only (continued)

Current behaviors				
Binging	Purging	Restricting	Over exercising	None
Frequency/severity of behaviors:				
Current abuse of				
Laxatives	Diuretics	Diet pills	Ipecac	None
Frequency/severity of behaviors:				

## SECTION I — Substance use disorders only

ASAM Dimensions
DIMENSION 1: Acute intoxication and/or withdrawal potential
DIMENSION 2: Biomedical conditions and complications
DIMENSION 3: Emotional, Behavioral or Cognitive (EBC) conditions and complications
DIMENSION 4: Readiness to change
DIMENSION 5: Relapse, continued use, or continued problem potential
DIMENSION 6: Recovery environment