AmeriHealth

Behavioral Health Request Form

Mental Health (MH) Residential/PHP/IOP Concurrent/Extension Review Request Form

Please complete applicable sections and attach supporting clinical documentation including physician/APP, individual and family progress notes. Fax residential requests to 215-238-2312 and fax PHP/IOP requests to 215-238-2284.

ATTENTION: THIS FORM IS TO BE USED FOR CONCURRENT REVIEWS ONLY!
SUBMIT ALL INITIAL REQUESTS ON PEAR (INN LOCAL PROVIDERS) OR CALL 1-800-688-1911

SECTION A — Member identification

Member name: (last, first, middle initial)	DOB
Policy #	Servicing facility/program
Program frequency (days of the week/hours per day)	
Admission Date	Concurrent/Extension start date
Date last session used (PHP/IOP) only	
Case/Authorization number	
UR Name & Phone	Fax
Agreeable to accepting less sessions/days than requested? ☐ Yes ☐ No	
☐ Date extension needed through _____	☐ Request for additional days/sessions

SECTION B — Level of care

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

SECTION C — Service type

☐ Mental health	☐ Eating disorder

SECTION D — Diagnosis

Diagnosis

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)

1. Is the member currently reporting any suicidal/homicidal ideation? ☐ Yes ☐ No
   Explain:

2. Is the member engaging in any self-injurious behavior(s)? ☐ Yes ☐ No
   Explain (include date of last episode):

3. Does the member have any substance use issues? ☐ Yes ☐ No
   Explain:

4. Does the member have any legal issues/court/DYS involvement? ☐ Yes ☐ No
   Explain:

SECTION F — Clinical symptoms (continued)

Psychosocial risks and functional impairments (select all that apply to the current request)

5. Does the member have any school/educational issues? ☐ Yes ☐ No ☐ N/A

   Explain:

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:

SECTION H — Discharge planning

Include progress made with treatment plan goals, barriers to step-down to lower level of care and discharge plan:

SECTION I — Eating disorder requests

Height	Weight	BMI	IBW
Heighest weight	Lowest weight	Weight change in last month	

Orthostatic vitals

Sitting BP /	Pulse	Standing BP /	Pulse

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: