AmeriHealth

Behavioral Health Request Form

Substance Use Disorder (SUD) Withdrawal Management/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 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
☐ SUD Withdrawal Management (ASAM 3.7)	
☐ SUD Residential (ASAM 3.5)	

SECTION C — Diagnosis

Diagnosis

SECTION D — Medications/Changes

Name(s)	Dosage	Date of adjustment

SECTION E — Substance use

Include substances being used, age of onset, date of last use, amount & means

SECTION F — 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

SECTION F — ASAM dimensions (continued)

DIMENSION 5: Relapse, continued use, or continued problem potential
DIMENSION 6: Recovery environment

SECTION G — Discharge planning

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