Inpatient Behavioral Health

FAXED CONCURRENT REVIEW

Used to notify of inpatient/residential admission and to request authorization.

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Instructions

- Complete this form in its entirety and submit within 24 hours of admission.
- Separate fax forms are required for each member and each request.
- You will receive a Notice of Coverage when approved, or contacted via phone if a peer-to-peer review is needed, within 24 hours (excluding weekends and holidays).
- If for some reason you do not receive a determination within 24 hours, call 1-866-595-8133.
- Once the member is discharged and no additional days are needed, fax the discharge to 1-866-698-6341within 24 hours.

Submit by fax to:

1-866-698-6341

Retain a copy of the fax confirmation for your records.

Review Information

Date: _____

UR Fax #: _____
(*where correspondence is to be sent)

UR Name: _____

UR Phone: _____

Facility Name: _____

Facility NPI: _____

Member Information

Full Name: _____

Admit Date: _____

Medicaid ID: _____

Admitted: □ Voluntary □ Involuntary

Birth Date: _____

ICD-10 Diagnoses (code and diagnosis): _____

Clinical Information

MD Note: (Enter most recent note within 24 hours or LCD)

RN/Staff Note: (Enter most recent note within 24 hours or LCD)

Case Mgmt Note: (Enter note including date, if applicable)

Precautions: (Enter all or indicate date dropped)

Medications

Name	Dose/Frequency	Date of Last Change	Type of Change
			☐ Initiated ☐ Increased ☐ Decreased ☐ D/C
			☐ Initiated ☐ Increased ☐ Decreased ☐ D/C
			☐ Initiated ☐ Increased ☐ Decreased ☐ D/C
			☐ Initiated ☐ Increased ☐ Decreased ☐ D/C
			☐ Initiated ☐ Increased ☐ Decreased ☐ D/C
			☐ Initiated ☐ Increased ☐ Decreased ☐ D/C

Any PRNs within the last 24 hrs? ☐ No ☐ Yes (list with dose and purpose below)

Compliant? ☐ Yes ☐ No (explain below)

Discharge Planning

Discharge Plan:

Any barriers to successful discharge:

CSoC Screening

Eligibility

Is member between ages 5-20? (If "No", skip the remaining CSoC Screening questions.)	☐ Yes ☐ No
DSM-V diagnosis?	☐ Yes ☐ No
Currently receiving FFT, MST, or Homebuilders?	☐ Yes ☐ No

Appropriateness

Has the child ever talked about or actually tried to hurt him/herself or acted in a way that might be dangerous to him/her?	☐ Yes ☐ No ☐ Unknown
Has the child ever been a danger to others (e.g. threatening to kill or seriously injure another person, fighting to the point of serious injury, been accused of being sexually aggressive, or engaging in fire setting)?	☐ Yes ☐ No ☐ Unknown
Has the child deliberately or purposefully behaved in a way that has gotten him/her in trouble with the authorities such as breaking the rules at school or laws in your community?	☐ Yes ☐ No ☐ Unknown

If Sent to Physician Advisor Review for Not Meeting Medical Necessity

☐ **By notes only**

☐ **Peer to Peer** (complete below)

Attending Physician: _____

Phone number: _____ Best time to call: _____