



**HPN BH Initial Review Form for
Inpatient, RTC, Inpatient SUD Residential, PHP and IOP**

This communication applies to NV Medicaid, all Commercial, Medicaid and Sierra Health & Life (SHL), Sierra Healthcare Options (SHO) members managed through BH.

Request may be submitted via Phone, Fax or Portal (for certain levels of care):

- Provider Phone Authorization Line: (702)240-8733 or Toll free : (877)393-6094
- Clinical Fax: (702)797-2387

Today's date:	
Clinical information	
Level of care:	
<input type="checkbox"/> Inpatient psychiatric	<input type="checkbox"/> PHP mental health
<input type="checkbox"/> Inpatient detox	<input type="checkbox"/> PHP substance use
<input type="checkbox"/> Inpatient SUD residential	<input type="checkbox"/> IOP mental health
<input type="checkbox"/> IOP substance abuse	<input type="checkbox"/> RTC Psychiatric
Member name:	
Member ID or reference #:	Member DOB:
Member address:	
Member/Guardian phone:	
For child/adolescent, name of parent/guardian:	
Primary spoken language:	
Name of utilization review (UR) contact:	
UR contact phone number:	UR contact fax number:
Admit date:	
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (If involuntary, date of commitment):	
Admitting facility name:	
Facility TIN # and/or NPI # with service address:	
Facility phone:	
Attending physician (first and last name):	
Attending physician phone:	Attending physician ID # or NPI:
Discharge planner name:	Attending physician TIN #:
Discharge planner phone:	



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Diagnosis with ICD 10 codes, Diagnosis Date, onset date (psychiatric, chemical dependency and medical)		
Presenting Symptoms:		
Risk of harm to self or others:		
SI <input type="checkbox"/> Y <input type="checkbox"/> N		
HI <input type="checkbox"/> Y <input type="checkbox"/> N		
Intent : <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____		
Plan : <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____		
Attempt : <input type="checkbox"/> Y <input type="checkbox"/> N Explain: _____		
Substance use:		
<input type="checkbox"/> Y <input type="checkbox"/> N		
If Yes, drug of choice: _____		
Age of onset	Quantity	Frequency
Toxicology Testing Outcome (if applicable):		
Result (if applicable):		
<input type="checkbox"/> Positive (If selected, list drugs.):		<input type="checkbox"/> Negative
Blood alcohol level: <input type="checkbox"/> Yes <input type="checkbox"/> No		BAL Level:
Substance use Assessment & Score:		



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Previous Treatment			
Provider/Facility Name	Levels of Care	Date of Treatment	AMA: Y or N
Psychosocial Supports (Family, community, Living situation/residence, ETC)			
Legal Issues:			
<input type="checkbox"/> Yes <input type="checkbox"/> No, Explain if yes:			
Expected Length of stay:			
Discharge Plan with level of care:			
Submitted by:			Phone:



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For substance use disorders, please complete the following additional information	
Current assessment of American Society of Addiction Medicine (ASAM) criteria	
Dimension (describe or give symptoms)	Risk rating
Dimension 1 (acute intoxication and/or withdrawal potential, such as vitals, withdrawal symptoms)	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Significant <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate
Dimension 2 (biomedical conditions and complications)	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Significant <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate
Dimension 3 (emotional, behavioral or cognitive complications)	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Significant <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate
Dimension 4 (readiness to change)	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Significant <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate
Dimension 5 (relapse, continued use or continued problem potential)	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Significant <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate
Dimension 6 (recovery living environment)	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Significant <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Moderate
If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning? <hr/>	