



Addiction and Recovery Treatment Services (ARTS)

Service Authorization Review Form

ASAM Levels 2.1/2.5/3.1/3.5/3.7/4.0

No Service Authorization Needed for ASAM Level

0.5/1.0/OTP/OBOT

Fax Form to Respective Health Plan Using Contact Information Below

PLEASE TYPE INFORMATION IN THIS FORM

Supporting clinical information may be documented on last page or attached to this form.

MEMBER INFORMATION

Member Name:		DOB:
Member ID:	If retroactively enrolled, provide enrollment date:	

PROVIDER INFORMATION

Provider Group/Clinic:	Clinical Contact:
Street Address:	Physician Contact:
City State Zip:	Provider ID/NPI:
Phone:	Fax:

ESTIMATED DURATION OF THIS EPISODE OF CARE:	
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ICD-10 DIAGNOSIS CODE(S)
(Enter primary and any applicable co-occurring ICD-10 diagnosis codes)

1.	3.	5.
2.	4.	6.

SUBSTANCE USE DISORDER TREATMENT HISTORY
(Describe other ASAM Levels of Care utilized in past 12 months)

ASAM Level of Care	Name of Provider	Duration	Approximate Dates	Outcome

MEDICATION

Please list medications, dosage, frequency and prescribing practitioner below. Not applicable

Name of Medication	Dosage	Frequency	Prescriber

ASAM LEVEL OF CARE REQUESTED AND NUMBER OF UNITS (1 unit = 1 day)					
Code/Description Check Appropriate Code		Units	Code/Description Check Appropriate Code		Units
<input type="checkbox"/>	H0015 ASAM Level 2.1 Intensive Outpatient		<input type="checkbox"/>	H0010 / rev 1002 ASAM Level 3.5 Clinically Managed High-Intensity Residential Services (Adults)	
<input type="checkbox"/>	Rev 0906 ASAM Level 2.1 Intensive Outpatient		<input type="checkbox"/>	H0010 / rev 1002 ASAM Level 3.5 Clinically Managed Medium Intensity (Adolescent)	
<input type="checkbox"/>	S0201 ASAM Level 2.5 Partial Hospitalization		<input type="checkbox"/>	H0026 / rev 1002 ASAM Level 3.7 Clinically Managed High-Intensity Residential Services (Adults)	
<input type="checkbox"/>	Rev 0913 ASAM Level 2.5 Partial Hospitalization		<input type="checkbox"/>	H0026 / rev 1002 ASAM Level 3.7 Clinically Managed Medium Intensity (Adolescent)	
<input type="checkbox"/>	H2034 ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services		<input type="checkbox"/>	H0011 / Rev 1002 Medically Managed Inpatient Services	
<input type="checkbox"/>	H0010 / rev 1002 ASAM Level 3.3 Clinically Managed Population-Specific High-Intensity Residential Services				

ASSESSMENT AND SCORING	
DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	
<input type="checkbox"/>	No withdrawal (Move to the next dimension)
<input type="checkbox"/>	Moderate withdrawal symptoms not requiring 24-hour intensive or acute hospital setting (Possible referral to RTC)
<input type="checkbox"/>	Patient has the potential for life threatening withdrawal (Immediate referral to medically monitored detox)
<input type="checkbox"/>	Patient has life threatening withdrawal symptoms, possible or experiencing seizures or DT's or other adverse reactions are imminent (Immediate referral to acute hospital setting)
Provide brief summary of the member's needs/strengths for Dimension 1:	
ASAM Level:	
Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).	

DIMENSION 2 | Biomedical Conditions/Complications

- | | |
|--------------------------|--|
| <input type="checkbox"/> | None or very stable (OP) |
| <input type="checkbox"/> | None or not sufficient to distract from treatment (IOP) |
| <input type="checkbox"/> | None or not sufficient to distract from treatment (PHP) |
| <input type="checkbox"/> | None/stable or receiving concurrent treatment – moderate stability (PHP/IOP/Other services) |
| <input type="checkbox"/> | Severe instability requires 24-hour medical care in licensed medical facility. May be the result of life threatening withdrawal or other co-morbidity (Immediate referral to acute care) |

Provide brief summary of the member's needs/strengths for Dimension 2:

ASAM Level:

Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).

DIMENSION 3 | Emotional/Behavioral/Cognitive Conditions

- | | |
|--------------------------|--|
| <input type="checkbox"/> | None or very stable (OP) |
| <input type="checkbox"/> | Needs structure to focus on recovery as these conditions can distract from recovery efforts (IOP/PHP) |
| <input type="checkbox"/> | Moderate stability, cognitive deficits, impulsive or unstable MH issues (RTC) |
| <input type="checkbox"/> | Severe instability high safety risk, very unstable may be related to substance use or in addition to substance requires 24-hour acute psychiatric care (Refer to inpatient services) |

Provide brief summary of the member's needs/strengths for Dimension 3:

ASAM Level:

Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).

DIMENSION 4 | Readiness to Change

<input type="checkbox"/>	Readiness for recovery but needs motivating and monitoring strategies to strengthen readiness, or needs ongoing monitoring and disease management (OP)
<input type="checkbox"/>	Has variable engagement in treatment, lack of awareness of the seriousness of substance use and/or coexisting mental health problems. Requires treatment several times per week to promote change (IOP)
<input type="checkbox"/>	Has variable engagement in treatment, lack of awareness of the seriousness of substance use and/or coexisting mental health problems. Requires treatment almost daily to promote change (PHP)
<input type="checkbox"/>	Has marked difficulty with treatment or opposition due to functional issues or there has been ongoing dangerous consequences (RTC)
<input type="checkbox"/>	Poor impulse control, continues to use substances despite severe negative consequences (medical, physical or situational) and requires a 24-hour structured setting (Rehabilitation)

Provide brief summary of the member's needs/strengths for Dimension 4:

ASAM Level:

Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).

DIMENSION 5 | Relapse, Continued Use or Continued Problem Potential

<input type="checkbox"/>	Minimal support required to control use, needs support to change behaviors (OP)
<input type="checkbox"/>	High likelihood of relapse/continued use or addictive behaviors, requires services several times per week (IOP)
<input type="checkbox"/>	Intensification of addition and/or mental health issues and has not responded to active treatment provided in a lower levels of care. High likelihood of relapse, requires treatment almost daily to promote change (PHP)
<input type="checkbox"/>	Does not recognize the severity of treatment issues, has cognitive and functional deficits (RTC)
<input type="checkbox"/>	Unable to control use, requires 24-hour supervision, imminent dangerous consequences (Rehabilitation)

Provide brief summary of the member's needs/strengths for Dimension5:

ASAM Level:

Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).

DIMENSION 6 | Recovery/Living Environment

<input type="checkbox"/>	Supportive recovery environment and patient has skills to cope with stressors (OP)
<input type="checkbox"/>	Not a fully supportive environment but patient has some skills to cope (IOP)
<input type="checkbox"/>	Not a supportive environment but can find outside supportive environment (PHP)
<input type="checkbox"/>	Environment is dangerous, patient needs 24-hour structure to learn to cope (RTC)
<input type="checkbox"/>	Environment is imminently dangerous, patient lacks skills to cope outside of a highly structured environment (Rehabilitation)

Provide brief summary of the member's needs/strengths for Dimension 6:

ASAM Level:

Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).

Space for additional documentation: Not applicable

SIGNATURE OF STAFF COMPLETING THE FORM

Name (print):	
Signature/Credential:	Date:



PLEASE SEND FORM TO THE DESIGNATED HEALTHCARE PLAN USING THE CONTACT INFORMATION BELOW

**Please note a processing time for Inpatient Services – ASAM Level 4.0 is 24 calendar hours from receipt.
All other ASAM Levels have 72 calendar hour processing time from receipt.**

CONTACT INFORMATION			
Managed Care Organization	Contact	Phone Number	Fax Number
Aetna Better Health	Stephanie Hargan	(800) 279-1878	(866) 669-2454
Anthem	N/A	(800) 901-0020 (for inpatient)	(877) 434-7578 (for inpatient) (800) 505-1193 (for outpatient)
INTotal Health	N/A	(855) 323-5588	(888)393-8978
Kaiser	Virginia Fancher Sue Leech Linda Bloch	(301) 625-6104 (301) 625-6103 (301) 625-6102	(855) 414-1703
Magellan	N/A	(800) 424-4046	N/A
Optima	N/A	(800) 648-8420	(844) 723-2096 (757) 431-7763
Virginia Premier Health Plan	N/A	(800) 727-7536 (toll –free) (804) 819-5151 (local)	(877) 739-1365

CONTACT INFORMATION			
Medicare-Medicaid Plan	Contact	Phone Number	Fax Number
Anthem Healthkeepers	N/A	(800)901-0020 (for inpatient)	(877)434-7578 (for inpatient) (800)505-1193 (for outpatient)
Humana Gold Plus Integrated	N/A	(855)765-9704	(855)765-9705
Virginia Premier Complete Care	N/A	(800)727-7536 (toll –free) (804)819-5151 (local)	(877) 739-1365