

Substance Use Disorder Services Prior Authorization Request Form



COMMUNITY HEALTH PLAN
of Washington™

Fax form to: (206) 652-7067
UM Department Phone: (800) 440-1561

PLEASE TYPE or WRITE LEGIBLY
or request will be returned as unable to process

MEMBER INFORMATION

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

PROVIDER INFORMATION

Provider Group/Clinic:	Contact:
Phone:	Fax:
Street Address:	City State Zip:
Provider ID/NPI:	
AUTHORIZATION REQUEST START DATE:	
ESTIMATED DURATION OF THIS EPISODE OF CARE:	

DIAGNOSES

(Primary and any applicable co-occurring diagnoses)

1.
2.
3.
4.

ASAM LEVEL OF CARE REQUESTED

<input type="radio"/> ASAM Level 2.1 Intensive Outpatient (IOP)	<input type="radio"/> ASAM Level 2.5 Partial Hospitalization (PHP)	<input type="radio"/> ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services
<input type="radio"/> ASAM Level 3.3 – 3.5 Clinically Managed High-Intensity Residential Services	<input type="radio"/> ASAM Level 3.7 Medically Monitored Inpatient Services	<input type="radio"/> ASAM Level 4 Medically Managed Inpatient Services
<input type="radio"/> Other		

MEDICATION

Please list medications, dosage and frequency below.		<input type="radio"/> Not applicable
Name	Dosage	Frequency



REQUESTED CODES (Include Amount and Modifier)						
Code		Units/ Visits	Modifier	Code		Units/ Visits
<input type="radio"/>	H0015 Intensive Outpatient			<input type="radio"/>	Other Code: (please write)	
<input type="radio"/>	H0018 Short-Term Residential (1-30 days)			<input type="radio"/>	Other Code: (please write)	
<input type="radio"/>	H0019 Long-Term Residential (31+ days)			<input type="radio"/>	Other Code: (please write)	
<input type="radio"/>	Inpatient Hospitalization			<input type="radio"/>	Other Code: (please write)	

ASSESSMENT AND SCORING	
DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	
<input type="radio"/>	No withdrawal (Move to the next dimension)
<input type="radio"/>	Moderate withdrawal symptoms not requiring 24-hour intensive or acute hospital setting (Possible referral to RTC)
<input type="radio"/>	Patient has the potential for life threatening withdrawal (Immediate referral to medically monitored detox)
<input type="radio"/>	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)
ASAM Level:	
DIMENSION 2 Biomedical Conditions/Complications	
<input type="radio"/>	None or very stable (OP)
<input type="radio"/>	None or not sufficient to distract from treatment (IOP)
<input type="radio"/>	None or not sufficient to distract from treatment (PHP)
<input type="radio"/>	None/stable or receiving concurrent treatment – moderate stability (PHP/IOP/Other services)
<input type="radio"/>	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)
ASAM Level:	
DIMENSION 3 Emotional/Behavioral/Cognitive Conditions	
<input type="radio"/>	None or very stable (OP)
<input type="radio"/>	Needs structure to focus on recovery as these conditions can distract from recovery efforts (IOP/PHP)
<input type="radio"/>	Moderate stability, cognitive deficits, impulsive or unstable MH issues (RTC)
<input type="radio"/>	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)
ASAM Level:	



DIMENSION 4 | Readiness to Change

- Readiness for recovery but needs motivating and monitoring strategies to strengthen readiness, or needs ongoing monitoring and disease management (OP)
- 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)
- 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)
- Has marked difficulty with treatment or opposition due to functional issues or there has been ongoing dangerous consequences (RTC)
- Poor impulse control, continues to use substances despite severe negative consequences (medical, physical or situational) and requires a 24-hour structured setting (Rehabilitation)

ASAM Level:

DIMENSION 5 | Relapse, Continued Use or Continued Problem Potential

- Minimal support required to control use, needs support to change behaviors (OP)
- High likelihood of relapse/continued use or addictive behaviors, requires services several times per week (IOP)
- 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)
- Does not recognize the severity of treatment issues, has cognitive and functional deficits (RTC)
- Unable to control use, requires 24-hour supervision, imminent dangerous consequences (Rehabilitation)

ASAM Level:

DIMENSION 6 | Recovery/Living Environment

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

ASAM Level:

Based on the clinical review, please indicate the ASAM recommended level of care :

- | | | | |
|---------------------------------|---------------------------------------|---------------------------------|-----------------------------|
| <input type="radio"/> Level 2.1 | <input type="radio"/> Level 3.1 | <input type="radio"/> Level 3.7 | <input type="radio"/> Other |
| <input type="radio"/> Level 2.5 | <input type="radio"/> Level 3.3 – 3.5 | <input type="radio"/> Level 4 | |

Is the ASAM recommended level of care different than what is requested? Yes No

If yes, please provide the reason for the variance and include supporting clinical documentation:

SIGNATURE

Reviewer Name (print):

Signature/Credential:	Date:
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