



**Addiction and Recovery Treatment Services (ARTS)
Service Authorization Review Form – Initial Requests
ASAM Levels 2.1/2.5/3.1/3.3/3.5/3.7/4.0**

No Service Authorization Needed for ASAM Levels 0.5/1.0/OTP/OBOT

Fax Form to Respective Health Plan Using Contact Information Below

PLEASE TYPE INFORMATION IN THIS FORM – MUST BE COMPLETED BY CREDENTIALLED ADDICTION TREATMENT PROFESSIONAL

Supporting clinical information may be documented on last page or attached to this form. For adolescents criteria if additional documentation is needed please summarize in the additional clinical documentation section.

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 SERVICE START DATE:	
ESTIMATED END DATE FOR THIS EPISODE OF CARE:	

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) (OR ATTACH IN CLINICAL NOTE)

ASAM Level of Care	Name of Provider	Duration	Approximate Dates	Outcome

MEDICATION

Please list medications, dosage, frequency and prescriber below (OR ATTACH MEDICATION LIST). N/A Unable to Obtain

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 2.1 Intensive Outpatient		<input type="checkbox"/>	H0010 / rev 1002 ASAM 3.5 Clinically Managed High Intensity Residential Services (Adults)*	
<input type="checkbox"/>	Rev 0906 / H0015 ASAM 2.1 Intensive Outpatient		<input type="checkbox"/>	H0010 / rev 1002 ASAM 3.5 Clinically Managed Medium Intensity (Adolescent)**	
<input type="checkbox"/>	S0201 ASAM 2.5 Partial Hospitalization		<input type="checkbox"/>	H2036 / rev 1002 ASAM 3.7 Medically Monitored Intensive Inpatient Services (Adults)*	
<input type="checkbox"/>	Rev 0913 / S0201 ASAM 2.5 Partial Hospitalization		<input type="checkbox"/>	H2036 / rev 1002 ASAM 3.7 Medically Monitored High Intensity Inpatient Services (Adolescent)**	
<input type="checkbox"/>	H2034 ASAM 3.1 Clinically Managed Low-Intensity Residential Services		<input type="checkbox"/>	H0011 / Rev 1002 ASAM 4.0 Medically Managed Inpatient Services	
<input type="checkbox"/>	H0010 / rev 1002 Mod TG ASAM 3.3 Clinically Managed Population-Specific High-Intensity Residential Services		*Adult - use modifier HB **Adolescent - use modifier HA		

ASSESSMENT AND SCORING	
DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	
<input type="checkbox"/>	No withdrawal
<input type="checkbox"/>	Minimal Risk of severe withdrawal (ASAM Level 2.1)
<input type="checkbox"/>	Moderate risk of severe withdrawal (ASAM Level 2.5)
<input type="checkbox"/>	No withdrawal risk, or minimal or stable withdrawal (ASAM Level 3.1)
<input type="checkbox"/>	At minimal risk of severe withdrawal (ASAM Level 3.3 or 3.5)
<input type="checkbox"/>	ASAM LEVEL 3.7 ONLY: Patient has the potential for life threatening withdrawal (must meet at least two of the six dimensions, at least one of which is within dimension 1, 2, or 3)
<input type="checkbox"/>	ASAM LEVEL 4.0 ONLY: Patient has life threatening withdrawal symptoms, possible or experiencing seizures or DT's or other adverse reactions are imminent
Provide brief summary of the member's needs/strengths for Dimension 1(OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT): For members with an Opioid Use Disorder, please describe the plan to offer medication assisted treatment (MAT):	
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 not sufficient to distract from treatment (ASAM Level 2.1 or 2.5)
<input type="checkbox"/>	None/stable or receiving concurrent treatment – moderate stability (3.1, 3.3, 3.5)
<input type="checkbox"/>	Require 24-hour medical monitoring, but not intensive treatment (3.7)
<input type="checkbox"/>	ASAM LEVEL 4.0 ONLY: Severe instability requires 24-hour medical care in licensed medical facility. May be the result of life threatening withdrawal or other co-morbidity
Provide brief summary of the member's needs/strengths for Dimension 2 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):	

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 (ASAM Level 1.0)
<input type="checkbox"/>	Mild severity, with potential to distract from recovery; needs monitoring (ASAM Level 2.1)
<input type="checkbox"/>	Mild to moderate severity; with potential to distract from recovery; needs to stabilize (ASAM Level 2.5)
<input type="checkbox"/>	Non or minimal; not distracting to recovery (ASAM Level 3.1)
<input type="checkbox"/>	Mild to moderate severity; needs structure to focus on recovery (ASAM Level 3.3)
<input type="checkbox"/>	Demonstrates repeated inability to control impulses, or unstable with symptoms requiring stabilization (ASAM Level 3.5)
<input type="checkbox"/>	Moderate severity needs 24-hour structured setting (ASAM Level 3.7)
<input type="checkbox"/>	Severely unstable requires 24-hour psychiatric care (ASAM Level 4.0)
Provide brief summary of the member's needs/strengths for Dimension 3 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):	
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 (ASAM Level 1.0)
<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 (ASAM Level 2.1)
<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 (ASAM Level 2.5)
<input type="checkbox"/>	Open to recovery but requires structured environment (ASAM Level 3.1)
<input type="checkbox"/>	Has little awareness of need for change due to cognitive limitations and addiction and requires interventions to engage to stay in treatment (ASAM Level 3.3)
<input type="checkbox"/>	Has marked difficulty with treatment or opposition due to functional issues or ongoing dangerous consequences (ASAM Level 3.5)
<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 (ASAM Level 3.7)
Provide brief summary of the member's needs/strengths for Dimension 4 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):	
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

- Minimal support required to control use, needs support to change behaviors (ASAM Level 1.0)
- High likelihood of relapse/continued use or addictive behaviors, requires services several times per week (ASAM Level 2.1)
- 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 (ASAM Level 2.5)
- Understands relapse but needs structure (ASAM Level 3.1)
- Has little awareness of need for change due to cognitive limitations and addition and requires interventions to engage to stay in treatment (ASAM Level 3.3)
- Does not recognize the severity of treatment issues, has cognitive and functional deficits (ASAM Level 3.5)
- Unable to control use, requires 24-hour supervision, imminent dangerous consequences (ASAM Level 3.7)

Provide brief summary of the member’s needs/strengths for Dimension 5 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):

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

- Supportive recovery environment and patient has skills to cope with stressors (ASAM Level 1.0)
- Not a fully supportive environment but patient has some skills to cope (ASAM Level 2.1)
- Not a supportive environment but can find outside supportive environment (ASAM Level 2.5)
- Environment is dangerous, patient needs 24-hour structure to learn to cope (ASAM Level 3.1 or 3.3)
- Environment is imminently dangerous, patient lacks skills to cope outside of a highly structured environment (ASAM Level 3.5 or 3.7)

Provide brief summary of the member’s needs/strengths for Dimension 6 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):

ASAM Level: _____

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

Additional Clinical Documentation:	Not applicable <input type="checkbox"/>

For members with an Opioid Use Disorder, your signature indicates that the provider has:

- Educated the member that MAT is the standard of care;
- Performed an assessment that specifically addresses MAT with specific recommendations; and
- Documented how member will receive access to MAT for both withdrawal management and maintenance, including coordination of access when clinically indicated.

SIGNATURE OF STAFF COMPLETING THE FORM	
Name (print):	
Signature/Credential:	Date:



PLEASE SEND FORM TO THE DESIGNATED HEALTHCARE PLAN USING THE CONTACT INFORMATION BELOW FOLLOWING THE TIME FRAME REQUIREMENTS IN THE ARTS PROVIDER MANUAL.

Please note a processing time for ASAM Level 4.0/3.7/3.5/3.3 is 1 calendar day from receipt and ASAM Level 3.1/2.5/2.1 is 3 calendar days from receipt.

CONTACT INFORMATION		
Behavioral Health Service Administrator (BHSA)	Phone Number	Fax Number
Magellan: Submit via the portal for ASAM levels: 2.1 -3.1 ASAM levels 3.3 and higher are live phone reviews	(800) 424-4046	(888) 656-2168
Medallion Managed Care Organizations	Phone Number	Fax Number
Aetna Better Health (Medallion 3.0/4.0)	(804) 350-0816	(833) 757-1583 (for ARTS) (866) 669-2454 (for outpatient)
Anthem Healthkeepers Plus (Medallion 4.0)	(800) 901-0020	(877) 434-7578
Magellan Complete Care of Virginia	(800) 424-4524	(855) 769-2116
Optima Family Care (Medallion 4.0)	(800) 648-8420 (757) 552-7174	(844) 366-3899 (757) 837-4878
UnitedHealthcare (Medallion 4.0)	(855) 323-5588	(855) 368-1542
Virginia Premier Health Plan (Medallion 4.0) ----- **Virginia Premier Kaiser Permanente Members (Medallion 4.0)	(855) 214-3822 (toll free) (804) 819-5180 (local) ----- (301) 625-5561	(804) 799-5105 ----- (855) 414-1703
Commonwealth Coordinated Care (CCC) Plus	Phone Number	Fax Number
Aetna Better Health of Virginia	(804) 350-0816	(833) 757-1583 (for ARTS) (855) 661-1828 (for outpatient)
Anthem HealthKeepers Plus	(800)901-0020	(877) 434-7578 (for inpatient) (866) 877-5229 (for outpatient)
Magellan Complete Care of Virginia	(800) 424-4524	(866) 210-1523
Optima Health Community Care	(800) 648-8420 (757) 552-7174	(844) 366-3899 (757) 837-4878
UnitedHealthcare	(877) 843-4366	(855) 368-1542
Virginia Premier Health Plan	(855) 214-3822 (toll free) (804) 819-5180 (local)	(804) 799-5105

***Kaiser Counties and Cities:** Loudon; Prince William; Fairfax; Arlington; Alexandria; Manassas Park; Manassas; Fairfax and Falls Church . Members will have co-branded cards with VP and Kaiser Logo