ASAM

FAXED AUTHORIZATION REQUEST

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

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Instructions

- Complete this form in its entirety.
- 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 1-866-698-6341 within 24 hours.

Submit by fax to:

1-866-698-6341

Retain a copy of the fax confirmation for your records.

Review Information

Date: _____

UR Name: _____ UR Phone: _____

Provider Name: _____ UR Fax: _____

ASAM LOC: _____ Provider NPI: _____

Member Information

Full Name: _____ Age group: □ Adult (21 and older) □ Adolescent (under 21)

Medicaid ID: _____ Employment: _____

Birth Date: _____ Admit Date: _____

Clinical Information

DIM 1: (Acute intoxication and or withdrawal potential)

Vitals:

DIM 2: (Biomedical conditions and complications)

DIM 3: (Emotional, behavioral, or cognitive conditions and complications)

DIM 4: (Readiness to change)

DIM 5: (Relapse, continued use, or continued problem potential)

DIM 6: (Recovery living environment)

Drug of choice (include drug, amount, frequency, 1st use and last use):

Sober Supports:

Sober Time:

Why Now (current motivation):

Date and Results of Urine Drug Screen:

CIWA/COWS:

Goals/Treatment Plan:

Goals That Have Been Completed (If This Is A Concurrent Review):

Medications

Name	Dose/Frequency	Initiation
		☐ Prescribed prior to admission ☐ Initiated during this admission
		☐ Prescribed prior to admission ☐ Initiated during this admission
		☐ Prescribed prior to admission ☐ Initiated during this admission
		☐ Prescribed prior to admission ☐ Initiated during this admission
		☐ Prescribed prior to admission ☐ Initiated during this admission
		☐ Prescribed prior to admission ☐ Initiated during this admission

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: _____