



**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:
<b>ESTIMATED SERVICE START DATE:</b>	
<b>ESTIMATED END DATE FOR THIS EPISODE OF CARE:</b>	

**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"/>	Rev0906 / 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"/>	Rev0913 / 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	
<b>DIMENSION 1   Acute Intoxication and/or Withdrawal Potential</b>	
<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"/>	<b>ASAM LEVEL 3.7 ONLY:</b> 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"/>	<b>ASAM LEVEL 4.0 ONLY:</b> 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):	
<b>ASAM Level:</b>	
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"/>	<b>ASAM LEVEL 4.0 ONLY:</b> 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):	

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

<b>DIMENSION 3   Emotional/Behavioral/Cognitive Conditions</b>	
<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)
<b>Provide brief summary of the member's needs/strengths for Dimension 3 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):</b>	
<b>ASAM Level:</b>	
<b>Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).</b>	

<b>DIMENSION 4   Readiness to Change</b>	
<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)
<b>Provide brief summary of the member's needs/strengths for Dimension 4 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):</b>	
<b>ASAM Level:</b>	
<b>Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).</b>	

DIMENSION 5   Relapse, Continued Use or Continued Problem Potential	
<input type="checkbox"/>	Minimal support required to control use, needs support to change behaviors (ASAM Level 1.0)
<input type="checkbox"/>	High likelihood of relapse/continued use or addictive behaviors, requires services several times per week (ASAM Level 2.1)
<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 (ASAM Level 2.5)
<input type="checkbox"/>	Understands relapse but needs structure (ASAM Level 3.1)
<input type="checkbox"/>	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)
<input type="checkbox"/>	Does not recognize the severity of treatment issues, has cognitive and functional deficits (ASAM Level 3.5)
<input type="checkbox"/>	Unable to control use, requires 24-hour supervision, imminent dangerous consequences (ASAM Level 3.7)
<b>Provide brief summary of the member's needs/strengths for Dimension 5 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):</b>	
<b>ASAM Level:</b>	
<b>Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).</b>	

DIMENSION 6   Recovery/Living Environment	
<input type="checkbox"/>	Supportive recovery environment and patient has skills to cope with stressors (ASAM Level 1.0)
<input type="checkbox"/>	Not a fully supportive environment but patient has some skills to cope (ASAM Level 2.1)
<input type="checkbox"/>	Not a supportive environment but can find outside supportive environment (ASAM Level 2.5)
<input type="checkbox"/>	Environment is dangerous, patient needs 24-hour structure to learn to cope (ASAM Level 3.1 or 3.3)
<input type="checkbox"/>	Environment is imminently dangerous, patient lacks skills to cope outside of a highly structured environment (ASAM Level 3.5 or 3.7)
<b>Provide brief summary of the member's needs/strengths for Dimension 6 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):</b>	
<b>ASAM Level:</b>	
<b>Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).</b>	



<b>Additional Clinical Documentation:</b>	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	
<b>Name (print):</b>	
<b>Signature/Credential:</b>	<b>Date:</b>



**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
<b>Magellan:</b> 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
<b>Aetna Better Health (Medallion 3.0/4.0)</b>	(804) 350-0816	(833) 757-1583 (for ARTS) (866) 669-2454 (for outpatient)
<b>Anthem Healthkeepers Plus (Medallion 4.0)</b>	(800) 901-0020	(877) 434-7578
<b>Magellan Complete Care of Virginia</b>	(800) 424-4524	(855) 769-2116
<b>Optima Family Care (Medallion 4.0)</b>	(800) 648-8420 (757) 552-7174	(844) 366-3899 (757) 837-4878
<b>UnitedHealthcare (Medallion 4.0)</b>	(855) 323-5588	(855) 368-1542
<b>Virginia Premier Health Plan (Medallion 4.0)</b> ----- <b>**Virginia Premier Kaiser Permanente Members (Medallion 4.0)</b>	(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
<b>Aetna Better Health of Virginia</b>	(804) 350-0816	(833) 757-1583 (for ARTS) (855) 661-1828 (for outpatient)
<b>Anthem Healthkeepers Plus</b>	(800) 901-0020	(877) 434-7578
<b>Magellan Complete Care of Virginia</b>	(800) 424-4524	(866) 210-1523
<b>Optima Health Community Care</b>	(800) 648-8420 (757) 552-7174	(844) 366-3899 (757) 837-4878
<b>UnitedHealthcare</b>	(877) 843-4366	(855) 368-1542
<b>Virginia Premier Health Plan</b>	(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