

Behavioral Health Care Management Extension AODA Treatment Request



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QuartzBenefits.com

Please write clearly and legibly – complete all sections.
See accompanying instructions on pages 4 and 5.

A. MEMBER INFORMATION

Name:	Date of Birth:
Quartz Insurance ID Number:	Admit Date (if already admitted):
Member Phone Number:	Anticipated Discharge Date:

B: TREATING PROVIDER INFORMATION

Facility Name:	Provider Name:	
Facility Location:		
Contact Name:	Phone Number:	Fax:

C. TYPE OF SERVICE BEING REQUESTED

Include procedure HCPCS codes being requested.

☐ Inpatient Rehabilitation/Detox ☐ Residential ☐ PHP ☐ IOP ☐ Outpatient

Procedure/HCPCS Code(s) for requested service(s):

D. SERVICE INFORMATION

Number of Visits/Days Requested:	Begin/End Date of Requested Service: ____/____/____ to ____/____/____ mm dd yy mm dd yy
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E. DSM-5/ICD-10 CODES AND DESCRIPTION

Code (s):	Description:

F. BRIEF PROBLEM DESCRIPTION AND SUBSTANCE USE PATTERN

Progress and symptoms since last review – include additional pages if needed.

Comment on patient's progress toward treatment plan goals, any current psychiatric concerns, and all urine drug screen results since last request. What has patient's adjustment been to treatment (current cravings, use of coping and relapse prevention skills, interactions with peers and staff, commitment to abstinence, mental health symptoms, etc.) Identify specific barriers to meeting treatment goals.

G. COMPLETE ALL 6 DIMENSIONS OF THE ASAM CRITERIA TO JUSTIFY THE LEVEL OF CARE REQUESTED

Dimension 1: Acute Intoxication and/or Withdrawal Potential	Describe the type and intensity of withdrawal management services needed if applicable. List CIWA and/or COWS/OOWS scores if appropriate.
Dimension 2: Biomedical Conditions and Complications	Include any diagnosed medical conditions or diseases.
Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications	Include any mental health diagnoses and / or objective assessment tool scores.
Dimension 4: Readiness to Change	Include the patient's current stage of change and current treatment participation.
Dimension 5: Relapse, Continued Use or Continued Problem Potential	Include the patient's understanding of relapse and his or her knowledge of skills to interrupt relapse or continued use.

Instructions for BHCM Extension AODA Treatment Request

- A. Member Information:** Name and Date of Birth are essential — please ensure correct spelling and DOB; lack of this identifying information will delay processing.

Quartz Insurance ID number: This is the individual's Insurance ID number. It is okay to leave blank if you don't have this information.

Anticipated Discharge date: Treatment team's current expected discharge date.

- B. Treating Provider Information:** This is the name of the provider/facility who is currently providing services and requesting additional authorization. Please provide contact name, phone number, and fax number of the person submitting the request.

- C. Type of Service Being Requested:**

Outpatient: Outpatient requests are used for outpatient psychotherapy or medication management. A prior authorization (PA) is only required if the request is for services with an out-of-network provider.

Intensive Outpatient Program (IOP): The program is offered in the day or evening hours and can be a step-down from a more restrictive level of care or a step-up to prevent the need for a more restrictive level of treatment and is considered a Level 2.1 by the American Society of Addiction Medicine. Treatment is a minimum of 9 hours per week.

Partial Hospital Program (PHP): A Partial Hospital Program (PHP) is a time limited, ambulatory treatment program that is offered in the day or evening hours. PHP is often referred to as "day treatment," or acute day hospital, offers at least 20 hours of clinically intensive programming within a licensed health care facility, and is considered a Level 2.5 by the American Society of Addiction Medicine.

Residential: This level of care is also referred to as clinically managed high intensity residential services and is considered a Level 3.5 by the American Society of Addiction Medicine. Services are provided 24 hours a day, 7 days a week in a health care facility licensed for residential substance use disorder treatment.

Inpatient Rehabilitation/Detox: This level of care provides 24-hour evaluation and withdrawal management in a hospital-based inpatient program under the supervision of a physician; however, the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program are not necessary. Inpatient Rehabilitation is considered a Level 3.7 by the American Society of Addiction Medicine.

- D. Service Information:**

Number of Visits/Days Requested: This is typically only completed by a program/facility. Individual providers can leave this section blank.

Begin/End Date of Requested Service: This is typically only completed by a program/facility. Individual providers can leave this section blank.

- E. DSM-5/ICD-10 Codes and Description:** Provide specific code as well as any subtypes and/or specifiers.

F. Brief Problem Description and Substance Use Pattern: Specific examples of symptoms and situation are helpful. Include last date of use, recent pattern of use, how use had affected daily functioning, and most recent treatment experience.

G. ASAM Criteria: For each dimension, identify the severity of risk and the least restrictive level of care indicated.

Dimension 1: What type and intensity of withdrawal management services are needed? Are there current signs of withdrawal? Include scores from withdrawal rating scales if applicable. Are there sufficient supports to assist member if ambulatory withdrawal management is indicated?

Dimension 2: Are there current physical illnesses or chronic conditions that need to be stabilized and/or addressed prior to or during treatment? Does any condition impact the member's past or current substance use?

Dimension 3: Are there any mental health diagnoses or symptoms that need to be stabilized and/or addressed prior to or during treatment? Describe current coping skills related to emotional issues.

Dimension 4: How ready, willing, or able is the member to make changes necessary for recovery? What is member's level of awareness regarding their relationship to substance use and impact on their life?

Dimension 5: What is current awareness of relapse, triggers, and recovery skills? What are current concerns for relapse?

Dimension 6: Do any family members/significant others or school/work situations pose a threat to member's safety or treatment engagement? What is the current level of sober support? What is the current living situation?

H. Discharge Criteria: Please be specific in providing criteria specific to the individual. Criteria should be measurable and objective.