



**Concurrent Substance Use Disorder (SUD) Authorization Form**  
**American Society of Addiction Medicine (ASAM) Levels 2.1/3.1/3.2WM/3.3/3.5/3.7/3.7WM**

**Please fax this form along with supporting clinical documentation to 970-257-3986**

**PLEASE TYPE INFORMATION IN THIS FORM**

**MUST BE COMPLETED BY CREDENTIALLED ADDICTION TREATMENT PROFESSIONAL**

MEMBER INFORMATION	
Member Name:	DOB:
Member ID:	

PROVIDER INFORMATION	
Facility:	UM Name, Phone, & Email:
Street Address:	PHY Name & Phone:
City   State   Zip:	Provider ID/NPI:
Phone:	Fax:

ICD-10 DIAGNOSIS CODE(S)		
(Enter primary and any applicable co-occurring ICD-10 diagnosis codes)		
1.	3.	5.
2.	4.	6.

SERVICE AUTHORIZATION	
Existing Service Authorization Number:	Requested end date of this extension:

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
	ASAM 2.1   Intensive Outpatient		ASAM 3.5   Clinically Managed Medium Intensity (Adolescent)	
	ASAM 3.1   Clinically Managed Low-Intensity Residential Services		ASAM 3.7   Medically Monitored Intensive Inpatient Services (Adults)	
	ASAM 3.2WM   Clinically Managed Withdrawal Management		ASAM 3.7   Medically Monitored High Intensity Inpatient Services (Adolescent)	
	ASAM 3.3   Clinically Managed Population-Specific High-Intensity Residential Services		ASAM 3.7WM   Medically Monitored Withdrawal Management	
	ASAM 3.5   Clinically Managed High Intensity Residential Services (Adults)			
			<b>ESTIMATED DURATION OF THIS EPISODE OF CARE FOR REQUESTED ASAM LEVEL:</b>	

**MEDICATION**

Please list ALL medications prescribed by substance use treatment provider, such as a buprenorphine product. Include type and dosage, frequency, start date, patient response, and prescriber below **(OR ATTACH MEDICATION LIST)**. N/A

Name of Medication	Type/Dosage/Frequency	Patient's Response	Prescriber

**ALCOHOL/DRUG SCREENS**

Please list the Alcohol/Drug Screens (last 3 tests) **(OR ATTACH IN CLINICAL NOTE)**. N/A

Alcohol/Drug Screen	Date of Specimin	Negative	Positive (if positive, list substances and level present)

**ASSESSMENT AND SCORING**
**DIMENSION 1 | Acute Intoxication and/or Withdrawal Potential**

	No withdrawal
	Minimal Risk of severe withdrawal (ASAM Level 2.1)
	Moderate risk of severe withdrawal (ASAM Level 2.5)
	No withdrawal risk, or minimal or stable withdrawal (ASAM Level 3.1)
	At minimal risk of severe withdrawal (ASAM Level 3.3 or 3.5)
	<b>ASAM LEVEL 3.7 ONLY:</b> Patient has the potential for life threatening withdrawal <b>(must meet at least two of the six dimensions, at least one of which is within dimension 1, 2, or 3)</b>
	<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 how you have assessed the need for and offered medication assisted treatment (MAT):**

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**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**

	None or not sufficient to distract from treatment (ASAM Level 2.1 or 2.5)
	None/stable or receiving concurrent treatment – moderate stability (3.1, 3.3, 3.5)
	Require 24-hour medical monitoring, but not intensive treatment (3.7)
	<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):**

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**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**

	None or very stable (ASAM Level 1.0)
	Mild severity, with potential to distract from recovery; needs monitoring (ASAM Level 2.1)
	Mild to moderate severity; with potential to distract from recovery; needs to stabilize (ASAM Level 2.5)
	Non or minimal; not distracting to recovery (ASAM Level 3.1)
	Mild to moderate severity; needs structure to focus on recovery (ASAM Level 3.3)
	Demonstrates repeated inability to control impulses, or unstable with symptoms requiring stabilization (ASAM Level 3.5)
	Moderate severity needs 24-hour structured setting (ASAM Level 3.7)
	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):**

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**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**

	Readiness for recovery but needs motivating and monitoring strategies to strengthen readiness, or needs ongoing monitoring and disease management (ASAM Level 1.0)
	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)
	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)
	Open to recovery but requires structured environment (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)
	Has marked difficulty with treatment or opposition due to functional issues or ongoing dangerous consequences (ASAM Level 3.5)
	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 addiction 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 addiction 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).**



**DOCUMENT THE FOLLOWING IN THE BOXES BELOW.  
SUPPORTING CLINICAL INFORMATION MAY BE ATTACHED TO THIS FORM.**

**1. Describe how the member is progressing under the current treatment plan.**

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**2. Document the revised treatment goals.**

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**3. Document the discharge plan/disposition. Include discharge level of care, facility name and any coordination that has been done with the transition provider. A full comprehensive discharge plan is required to complete this service request. For members with an Opioid Use Disorder, please describe the discharge plan for medication assisted treatment (MAT), including scheduling appointments with outpatient MAT providers.**

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**When is the projected discharge date from this level of care?**

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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):**

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**Signature/Credential:**

**Date:**

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