

## Substance Use Disorder Authorization Request Overview

### Instructions for Service Requests:

In Section III, select the reason for the authorization request.

1. Complete **Part A** if the request is for continuing services.
2. Complete **Part B** if the request is for same day services.
3. Complete **Part C** if the request is for day 1 authorization of SUD partial hospitalization.

### Reason for Request:

**Continuing Services:** Client is already receiving service and is nearing or has met the initial threshold OR member has exhausted previously authorized units.

### Same Day Services (Adults Only):

- An authorization is required for a client to receive same day group services for more than 1 hour (cumulative) on the same day as H2012 TBS Day Tx hourly, H2020 TBS Day Tx per diem, H0015 IOP, H0015TG PHP.
- Prior authorization is also required to receive reimbursement for IOP/PHP and TBS Day Treatment hourly or per diem when delivered to one Medicaid member on the same day, whether by a different or the same provider.
- In general, when you add a second group service, that is the service that will require a same day authorization. The documentation on the form should demonstrate the necessity of the new group service in addition to the group service the client is already receiving. A follow up authorization may also be required for additional units of either service.
- When requesting a community BH group service to be billed on the same day as an SUD service, utilize the Community Behavioral Health Rehabilitative Services Authorization Request.
- When requesting H0005 on the same day as H0015, you do not need to complete Section V of the SUD Authorization form. However, Section VI of the SUD Authorization must be completed and should demonstrate the need for the additional group SUD counseling.

**Initial Request (PHP Only):** Client is entering PHP level of care which requires a day one authorization

### THRESHOLDS FOR ASAM LEVEL OF CARE REQUIRING AN AUTHORIZATION

SERVICE	Code	Service Threshold
<b>Level 1 Outpatient SUD Group Counseling</b>	H0005	Same day authorization only
<b>Intensive Outpatient Partial Hospitalization</b>	H0015	30 units per calendar year
<b>SUD Ambulatory Withdrawal Management</b>	H0015 TG	Authorization required to initiate services
<b>SUD Residential</b>	H0012, H0014	After 7th consecutive day
<b>SUD Residential Withdrawal Management</b>	H2034, H2036 HI, H2036, H2036 TG	30 consecutive days without prior authorization for the first two stays. Third and subsequent stays in the same year require prior authorization from the first day of admission
<b>SUD Residential Withdrawal Management</b>	H0010, H0011	After 7th consecutive day

Ohio Department of Medicaid  
**Substance Use Disorder**  
**Authorization Request for ASAM Levels of Care**

Instructions
<p>This request form is for use by providers of substance use disorder treatment services in accordance with Ohio Administrative Code rule 5160-27-09.</p> <ol style="list-style-type: none"> <li>1. Complete sections I-VI of this form entirely</li> <li>2. Submit both of the following with this form: <ul style="list-style-type: none"> <li><input type="checkbox"/> A copy of the most recent initial or comprehensive assessment in accordance with OAC 5122-29-03</li> <li><input type="checkbox"/> A copy of the most recent individualized treatment plan (ITP) in accordance with OAC 5122-27-03</li> </ul> </li> <li>3. Requests should be submitted in sufficient time to ensure authorization is received prior to rendering services.</li> </ol> <p>Managed care plans must process prior authorization requests in accordance with OAC rule 5160-26-03.1 and the MCE provider agreement.</p>

Section I: Member Information	
<b>Plan:</b>	<b>Date of Request:</b>
<b>Member Name:</b>	<b>Date of Birth:</b>
<b>Member ID Number:</b>	<b>Member Phone:</b>
<b>Requested Authorization Decision Type:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Expedited	

Section II: Provider Information	
<b>Billing Provider/Agency Name:</b>	<b>Service Location Address:</b>
<b>Billing Organization / Agency NPI:</b>	<b>Provider/Agency Tax ID:</b>
<b>Contact Name:</b>	<b>Phone Number:</b>
<b>Email Address:</b>	<b>Fax Number:</b>
<b>Provider's Name and Credentials:</b>	<b>Provider's NPI:</b>
<b>Network Status with Managed Care Plan, if applicable</b> <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating	

Section III: Authorization Request Type		
<p><b>Part A: Request for CONTINUING SERVICES</b> - Complete this section when this is a request for a member who is currently in treatment and needs additional units beyond the established UM threshold (i.e. member has received the initial 30 units of IOP and needs additional units at this level of care) <b>OR</b> when this is a continued stay request (a request for additional units of an authorized service beyond the initial request).</p>		
<input type="checkbox"/> <b>The member is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the member to continue to work toward his or her treatment goals.</b>	<input type="checkbox"/> <b>The member is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the member to continue to work toward his or her treatment goals.</b>	<input type="checkbox"/> <b>New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. This option should also be selected when a member is entering into a new treatment episode but has reached the unit threshold for the selected level of care in previous treatment episodes.</b>
<p><b>Part B: Request for SAME DAY Group Services</b> – Complete this section if you are requesting more than 1 hour (cumulative total) of group services to be provided on the same day as IOP, PHP, and/or TBS Day Treatment.</p>		

The member has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problem(s) solely within the context of the current level of care. Supplemental treatment of more than an hour of additional behavioral health group services is therefore indicated.

**Part C: Initial request - PHP Only** – Complete this section if you are requesting an authorization for PHP (H0015 TG), which requires authorization prior to rendering services.

**PHP Initial Authorization**

**Section IV: Service Authorization Request**

Number of Days/Units Requested	Requested Authorization Start Date	Requested Authorization End Date
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<p><b>Current Service/LOC</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> LOC 1 SUD Group Counseling - H0005</p> <p><input type="checkbox"/> Intensive Outpatient – H0015</p> <p><input type="checkbox"/> Partial Hospitalization – H0015 TG</p> <p><input type="checkbox"/> Clinically Managed Low Intensity Residential (ASAM 3.1) – H2034</p> <p><input type="checkbox"/> Clinically Managed Population Specific High Intensity Residential (ASAM 3.3) – H2036 HI</p> <p><input type="checkbox"/> Clinically Managed High Intensity Residential (ASAM 3.5) – H2036</p> <p><input type="checkbox"/> Medically Monitored Intensive/High Intensity Inpatient Treatment (ASAM 3.7) – H2036 TG</p> <p><input type="checkbox"/> Level 1 WM – Ambulatory WM without Extended Onsite Monitoring</p> <p><input type="checkbox"/> Level 2 WM – Ambulatory WM with Extended Onsite Monitoring – H0012 (Per Diem)</p> <p><input type="checkbox"/> Level 2 WM – Ambulatory WM with Extended Onsite Monitoring – H0014 (Hourly)</p> <p><input type="checkbox"/> Level 3.2 WM – Clinically Managed Residential Withdrawal Management – H0010</p> <p><input type="checkbox"/> Level 3.7 WM – Medically Monitored Inpatient Withdrawal Management – H0011</p>	<p><b>Service Requested</b></p> <p><input type="checkbox"/> Intensive Outpatient – H0015</p> <p><input type="checkbox"/> Partial Hospitalization – H0015 TG</p> <p><input type="checkbox"/> Clinically Managed Low Intensity Residential (ASAM 3.1) – H2034</p> <p><input type="checkbox"/> Clinically Managed Population Specific High Intensity Residential (ASAM 3.3) – H2036 HI</p> <p><input type="checkbox"/> Clinically Managed High Intensity Residential (ASAM 3.5) – H2036</p> <p><input type="checkbox"/> Medically Monitored Intensive/High Intensity Inpatient Treatment (ASAM 3.7) – H2036 TG</p> <p><input type="checkbox"/> Level 2 WM – Ambulatory WM with Extended Onsite Monitoring – H0012 (Per Diem)</p> <p><input type="checkbox"/> Level 2 WM – Ambulatory WM with Extended Onsite Monitoring – H0014 (Hourly)</p> <p><input type="checkbox"/> Level 3.2 WM – Clinically Managed Residential Withdrawal Management – H0010</p> <p><input type="checkbox"/> Level 3.7 WM – Medically Monitored Inpatient Withdrawal Management – H0011</p> <p><b>Same Day Service Request</b></p> <p><input type="checkbox"/> LOC 1 SUD Group Counseling – H0005</p> <p><input type="checkbox"/> Intensive Outpatient – H0015</p> <p><input type="checkbox"/> Partial Hospitalization – H0015 TG</p>
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**Enter ICD-10 Diagnosis Code with specifiers for the primary diagnosis in box 1 below, then enter any applicable co-occurring diagnosis codes**

1.	2.	3.
4.	5.	6.

**Section V: ASAM Criteria Summary of Dimension Ratings**

**Instructions: Select the appropriate risk rating (summarized below) to support the requested service. You should only assign ONE risk rating per dimension. Check any applicable clinical indicators for the identified risk level.**

- 4 – Severe Risk - Indicates issues of utmost severity. The member would present with critical impairments in coping and functioning, with signs and symptoms, indicating an "imminent danger".
- 3 – Significant Risk - Indicates a serious issue or difficulty coping within a given dimension. A member presenting at this level of risk may be considered in or near "imminent danger".
- 2 – Moderate Risk - Indicates moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.

1 – Mild Risk - Indicates a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.

0 – Minimal or No Risk - Indicates a non-issue or very low-risk issue. The member would present no current risk and any chronic issues would be mostly or entirely stabilized.

**Dimension 1 – Acute Intoxication and/or Withdrawal Potential**

Risk Rating	Clinical Indicators
<input type="checkbox"/> <b>0 None</b>	<input type="checkbox"/> No current or anticipated withdrawal symptoms <input type="checkbox"/> Sustained abstinence prior to admission <input type="checkbox"/> No history of withdrawal complications <input type="checkbox"/> No withdrawal medications required <input type="checkbox"/> Medically stable without monitoring needs
<input type="checkbox"/> <b>1 Mild</b>	<input type="checkbox"/> Adequate ability to tolerate or cope with withdrawal discomfort <input type="checkbox"/> Mild to moderate intoxication or signs/symptoms interfere with daily functioning, but not a danger to self or others <input type="checkbox"/> Minimal risk of severe withdrawal resolving; if alcohol, CIWA-Ar score 3–7
<input type="checkbox"/> <b>2 Moderate</b>	<input type="checkbox"/> Some difficulty tolerating and coping with withdrawal discomfort <input type="checkbox"/> Intoxication may be severe but responds to treatment so individual does not pose imminent danger to self or others <input type="checkbox"/> Moderate signs and symptoms with moderate risk of severe withdrawal <input type="checkbox"/> Somewhat intoxicated; if alcohol, CIWA-Ar score 8–11
<input type="checkbox"/> <b>3 Significant</b>	<input type="checkbox"/> Demonstrates poor ability to tolerate and cope with withdrawal discomfort <input type="checkbox"/> Severe signs and symptoms of intoxication indicating possible imminent danger to self and others <input type="checkbox"/> Severe signs and symptoms or risk of severe but manageable withdrawal; or withdrawal is worsening despite detoxification at less intensive level of care <input type="checkbox"/> Very intoxicated; if alcohol, CIWA-Ar score 12–15
<input type="checkbox"/> <b>4 Severe</b>	<input type="checkbox"/> Incapacitated, with severe signs and symptoms of withdrawal <input type="checkbox"/> Severe withdrawal presents danger (e.g., seizures) <input type="checkbox"/> Continued use poses an imminent threat to life <input type="checkbox"/> Stuporous; if alcohol, CIWA-Ar score > 15
<b>REQUIRED Supporting Information for Dimension One Risk Rating</b>	<i>Presenting withdrawal symptoms, WM rating scale score (COWS, CIWA, etc), Vitals and labs (BP, pulse ox, heart rate, metabolic panel, toxicology results:</i>

**Dimension 2 – Biomedical Conditions and/or Complication**

Risk Rating	Clinical Indicators
<input type="checkbox"/> <b>0 None</b>	<input type="checkbox"/> Fully functioning, no biomedical symptoms or signs are present.
<input type="checkbox"/> <b>1 Mild</b>	<input type="checkbox"/> Biomedical symptoms present but stable <input type="checkbox"/> Mild to moderate signs or symptoms interfere with daily functioning <input type="checkbox"/> Demonstrates adequate ability to cope with physical discomfort
<input type="checkbox"/> <b>2 Moderate</b>	<input type="checkbox"/> Biomedical symptoms present but stable <input type="checkbox"/> Mild to moderate signs or symptoms interfere with daily functioning <input type="checkbox"/> Member has some difficulty tolerating and coping with physical problems <input type="checkbox"/> Has a biomedical problem which may interfere with recovery treatment <input type="checkbox"/> Member neglects to care for serious biomedical problems
<input type="checkbox"/> <b>3</b>	<input type="checkbox"/> Severe medical problems are present but stable

<b>Significant</b>	<input type="checkbox"/> Member has poor ability to cope with physical problems <input type="checkbox"/> Member has serious medical problems which they neglect during outpatient or intensive outpatient treatment. <input type="checkbox"/> Medical problem(s) that would be severely exacerbated by a relapse <input type="checkbox"/> Medical problem(s) that would be severely exacerbated by withdrawal (e.g., diabetes, hypertension)
<input type="checkbox"/> <b>4</b> <b>Severe</b>	<input type="checkbox"/> Member is incapacitated with severe, unstable medical problems
<b>Supporting Information for Dimension Two Risk Rating</b>	<i>ASI medical composite score and description of complicating medical condition(s), including diagnosis, supporting labs, vitals, imaging etc.:</i>

<b>Dimension 3 – Emotional, Behavioral, or Cognitive (EBC) Conditions and Complications</b>	
<b>Risk Rating</b>	<b>Clinical Indicators</b>
<input type="checkbox"/> <b>0</b> <b>None</b>	<input type="checkbox"/> Member has no mental health diagnosis or mental health disorder is stable. <input type="checkbox"/> Good impulse control and coping skills <input type="checkbox"/> No risk of harm to self and others <input type="checkbox"/> No functional impairment (work, school, self-care, socialization)
<input type="checkbox"/> <b>1</b> <b>Mild</b>	<input type="checkbox"/> Mental or cognitive disorder present w/ mild to moderate symptoms that require intervention <input type="checkbox"/> Mental disorder does not significantly impact recovery <input type="checkbox"/> Adequate impulse control and coping skills <input type="checkbox"/> Limited functional impairment in life domains (work, school, self-care, socialization) <input type="checkbox"/> Suicidal ideation may be present without plan or means
<input type="checkbox"/> <b>2</b> <b>Moderate</b>	<input type="checkbox"/> Mental health or cognitive disorder present with moderate symptoms that require intervention <input type="checkbox"/> Difficulty with impulse control and minimal coping skills <input type="checkbox"/> Moderate functional impairment in significant life domains (work, school, self-care, relationships) <input type="checkbox"/> Emotional, behavioral, or cognitive problems distract from recovery efforts <input type="checkbox"/> Suicidal ideation may be present and requires more than routine monitoring
<input type="checkbox"/> <b>3</b> <b>Significant</b>	<input type="checkbox"/> Mental health or cognitive disorder present with severe symptoms that require intervention but not involuntary confinement. <input type="checkbox"/> Significant lack of impulse control and coping skills <input type="checkbox"/> Recovery efforts are negatively impacted by members emotional, behavioral, or cognitive problems in significant ways, including inability to focus on recovery efforts. <input type="checkbox"/> Severe functional impairment in significant life domains (work, school, self-care, relationships) <input type="checkbox"/> Frequent thoughts of suicide or harm to others including a plan or means, but no imminent risk in a 24-hour setting
<input type="checkbox"/> <b>4</b> <b>Severe</b>	<input type="checkbox"/> Mental health or cognitive disorder present with severe symptoms that require involuntary confinement <input type="checkbox"/> Severe and acute psychiatric symptoms that pose immediate danger to self or others (imminent risk of suicide, gross neglect of self-care, psychosis with unpredictable, disorganized, or violent behavior)
<b>Supporting Information for Dimension Three Risk Rating</b>	<i>ASI psychiatric composite score, history of psychiatric hospitalizations, medication adherence, etc.:</i>

<b>Dimension 4 – Readiness to Change</b>	
<b>Risk Rating</b>	<b>Clinical Indicators</b>

<input type="checkbox"/> <b>0</b> <b>None</b>	<input type="checkbox"/> Willingly engaged in treatment as a proactive participant <input type="checkbox"/> Member is aware of/admits to having an addiction or mental health problem <input type="checkbox"/> Member is committed to both SUD and mental health treatment <input type="checkbox"/> Can articulate personal recovery goals <input type="checkbox"/> Is in <i>Preparation</i> or <i>Action</i> Transtheoretical Stage of Change
<input type="checkbox"/> <b>1</b> <b>Mild</b>	<input type="checkbox"/> Willing to enter treatment and explore strategies for treatment <input type="checkbox"/> Able to articulate negative consequences of substance use <input type="checkbox"/> Ambivalent about need for change <input type="checkbox"/> Contemplation stage of change
<input type="checkbox"/> <b>2</b> <b>Moderate</b>	<input type="checkbox"/> Reluctant to agree to treatment <input type="checkbox"/> Aware of negative consequences of substance use <input type="checkbox"/> Low commitment to change behaviors related to substance use <input type="checkbox"/> Passive involvement with treatment <input type="checkbox"/> Inconsistent outpatient treatment compliance
<input type="checkbox"/> <b>3</b> <b>Significant</b>	<input type="checkbox"/> Limited insight into need for treatment <input type="checkbox"/> Unaware of need for change <input type="checkbox"/> Treatment attendance is intermittent/inconsistent
<input type="checkbox"/> <b>4</b> <b>Severe</b>	<input type="checkbox"/> No insight into addiction behaviors or connection between substance use and negative consequences <input type="checkbox"/> Not willing to explore change and in denial regarding illness and its implications <input type="checkbox"/> Unable to follow through / noncompliance with treatment <input type="checkbox"/> Is not in imminent danger or unable to care for self – no immediate action required <input type="checkbox"/> Imminent risk of harm to self or others – immediate action required
<b>Supporting Information for Dimension Four Risk Rating</b>	<i>Assessed readiness to change level:</i>

<b>Dimension 5 – Relapse/continued use/continued problem potential</b>	
<b>Risk Rating</b>	<b>Clinical Indicators</b>
<input type="checkbox"/> <b>0</b> <b>None</b>	<input type="checkbox"/> Low relapse potential and good coping skills <input type="checkbox"/> Engaged with ongoing recovery/support groups <input type="checkbox"/> No use of illicit drugs <input type="checkbox"/> No current craving <input type="checkbox"/> No impulsivity noted
<input type="checkbox"/> <b>1</b> <b>Mild</b>	<input type="checkbox"/> Minimal relapse potential <input type="checkbox"/> Mostly non-impulsive <input type="checkbox"/> Some craving with ability to resist <input type="checkbox"/> Fair self-management and relapse prevention skills <input type="checkbox"/> Needs support/counseling to maintain abstinence, deal with craving, peer pressure, lifestyle changes <input type="checkbox"/> Episodic use of alcohol, sporadic drug use (less than 1x/week)
<input type="checkbox"/> <b>2</b> <b>Moderate</b>	<input type="checkbox"/> Impaired recognition and understanding of relapse issues <input type="checkbox"/> Difficulty maintaining abstinence despite engagement in treatment <input type="checkbox"/> Some craving with minimal ability to resist <input type="checkbox"/> Ambivalent about recovery <input type="checkbox"/> Moderate level of risk-taking or thrill-seeking <input type="checkbox"/> Regular risk of alcohol (1-2x/week); moderate drug use (1-3x/week)
<input type="checkbox"/> <b>3</b> <b>Significant</b>	<input type="checkbox"/> Little recognition and understanding of relapse issues <input type="checkbox"/> Poor skills to cope with addiction problems or avoid/limit relapse

	<input type="checkbox"/> Severe cravings with minimal ability to resist <input type="checkbox"/> Somewhat impulsive <input type="checkbox"/> Doubtful about ability to recover <input type="checkbox"/> Frequent use of alcohol or drugs (more than 3x/week)
<input type="checkbox"/> <b>4</b> <b>Severe</b>	<input type="checkbox"/> Repeated treatment episodes have had little positive impact. <input type="checkbox"/> No skills to cope with addiction problems or prevent relapse <input type="checkbox"/> Severe craving with no ability to resist <input type="checkbox"/> Very impulsive <input type="checkbox"/> Very pessimistic or inappropriately confident about ability to recover <input type="checkbox"/> Dangerous level of risk taking or thrill seeking <input type="checkbox"/> Daily intoxication <input type="checkbox"/> Daily use of illicit drugs and/or IV drug use <input type="checkbox"/> Is in imminent danger or unable to care for self
<b>Supporting Information for Dimension Five Risk Rating</b>	<i>Describe member's current use/recent use</i>

<b>Dimension 6 – Recovery Environment</b>	
<b>Risk Rating</b>	<b>Clinical Indicators</b>
<input type="checkbox"/> <b>0</b> <b>None</b>	<input type="checkbox"/> Has supportive environment or is able to cope with poor supports <input type="checkbox"/> Living in a dry, drug free home <input type="checkbox"/> Positive leisure/recreational activities not associated with use <input type="checkbox"/> No logistical barriers to treatment or recovery
<input type="checkbox"/> <b>1</b> <b>Mild</b>	<input type="checkbox"/> Passive support environment – family/support systems need to learn techniques to support recovery effort <input type="checkbox"/> Support system is not interested in supporting addiction recovery but individual is able to cope with environment <input type="checkbox"/> Individual demonstrates motivation to obtain positive social support system <input type="checkbox"/> Positive leisure/recreational activities are readily available <input type="checkbox"/> Logistical barriers to treatment or recovery can be readily overcome
<input type="checkbox"/> <b>2</b> <b>Moderate</b>	<input type="checkbox"/> Environment is not supportive of recovery but with clinical structure individual is able to cope most of the time <input type="checkbox"/> Ready access to drugs near home <input type="checkbox"/> Leisure/recreational activities neutral for recovery <input type="checkbox"/> Logistical barriers to treatment or recovery serious but resolvable
<input type="checkbox"/> <b>3</b> <b>Significant</b>	<input type="checkbox"/> Environment is not supportive of recovery and coping is difficult even with clinical structure <input type="checkbox"/> Someone in household currently dependent or abusing <input type="checkbox"/> Immediate family member with SUD or mental health issues <input type="checkbox"/> Ready access to drugs/alcohol near home <input type="checkbox"/> Alcohol and drugs readily available at preferred leisure/recreational activities <input type="checkbox"/> Substantial logistical impediments to treatment or recovery
<input type="checkbox"/> <b>4</b> <b>Severe</b>	<input type="checkbox"/> Environment is not supportive of recovery and is hostile and toxic to recovery or treatment progress <input type="checkbox"/> Unstable residence, living in shelter or mission, homeless <input type="checkbox"/> Leisure/recreational activities pose severe risks <input type="checkbox"/> Extreme logistical impediments to treatment or recovery <input type="checkbox"/> Unable to cope with negative effects of the living environment on recovery

	<input type="checkbox"/> Environment is not supportive of recovery and is actively hostile to recovery, posing an immediate threat to safety and well-being
<b>Supporting Information for Dimension Six Risk Rating</b>	<i>ASI Family/Social Composite score</i>

<b>Section VI: Clinical Justification Narrative</b>
<p>Summarize highest risk dimensions and provide rationale for placement decision, including criteria met, member's progress, and member's perspective and treatment preferences. Documentation must be consistent with and directly support the rationale for the authorization (continued stay, same day service, new service).</p>

<b>Signature of Staff Completing the Form</b>	
<b>Name (print):</b>	
<b>Signature/Credential:</b>	<b>Date:</b>