

Member Name: \_\_\_\_\_ Member MAID# (10 digits): \_\_\_\_\_

Member DOB : \_\_\_\_\_ Member Phone: \_\_\_\_\_

Member Address: \_\_\_\_\_

Provider Name: \_\_\_\_\_ (as credentialed with PerformCare)

Provider Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Briefly comment on the status for each Dimension. Admission is appropriate when specifications are met in at least two of the six dimensions, at least one of which is in dimensions 1,2 or 3 for 3.7 and at least one of dimensions 1,2, or 3 for 4.0: This form should be utilized to notify PerformCare of admissions to Medically Managed (Hospital-based detox) & Medically Monitored (Non-Hospital-based detox) Intensive Inpatient. These services do not require prior authorization but do require meeting The ASAM Criteria, 2013 in accordance with DDAP Guidance for Application of ASAM in PA's SUD System of Care and ASAM Crosswalk.

**DIAGNOSIS CODES:** \_\_\_\_\_

ASAM Dimensions	Level of Care	Criteria Indicated	
Dim. 1 Acute Intoxication/Withdrawal Potential			
Dim. 2 Biomedical Conditions and Complications			
Dim. 3 Emotional/Behavioral/Cognitive			
Dim. 4 Readiness to Change			
Dim. 5 Relapse/Continued use/Continued Problem Potential			
Dim. 6 Recovery/Living Environment			

**Recommended Treatment Level:**