

**Out of Network (OON) Providers: A detailed rationale for utilizing an OON Provider including why an INN Provider is unable to meet the member's treatment needs must be included with your request.**

<b>Member:</b>	<b>Provider:</b>
<b>Member date of birth:</b>	<b>Provider phone #:</b>
<b>MAID# (10 digits):</b>	<b>Provider fax #:</b>
<b>Member's current address:</b>	<b>Provider address:</b>
<b>Member phone:</b>	
<b>Date referral complete &amp; member accepted:</b>	<b>Person completing form:</b>

<b>Diagnosis codes (list primary first):</b>		<b>Co-Occurring (MH/SA)</b>
		<b>Dual Diagnosis (MH/ID)</b>
<b>Requested Service:</b>	<b>Start Date</b>	<b>Units</b>
<b>SUD Intensive Outpatient Program (H0015)</b> Individual and Group Therapy		1,976 Units 6 Months
<b>Anticipated Discharge Date</b>		
<b>Initial request</b>	<b>Reauthorization request</b>	<b>Modifiers requested:</b>
		<b>HG (Suboxone)</b>
		<b>HX (Tracking)</b>

<b>If this is a discharge, complete the following:</b>	
<b>Discharge date:</b>	<b>Primary diagnosis at discharge:</b>

ASAM Dimension	LOC Indicated	Criteria indicated and/or comment
Dimension 1: Acute Intoxication or Withdrawal Potential		
Dimension 2: Biomedical Conditions and Complications		
Dimension 3: Emotional/Behavioral/Cognitive		
Dimension 4: Readiness to Change		
Dimension 5: Relapse/Continued Use/Continued Problem Potential		
Dimension 6: Recovery/Living Environment		