



Addiction and Recovery Treatment Services (ARTS) Service Authorization Review Form – Extension Request

ASAM Levels 2.1/2.5/3.1/3.3/3.5/3.7/4.0

Last Updated July 22, 2025

No Service Authorization Needed for ASAM Level 0.5/1.0/OTP/OBOT

For fee-for-service member service authorization requests: Please complete the Questionnaire in its entirety through the Atrezzo portal or your case will be administratively rejected.

PLEASE TYPE INFORMATION IN THIS FORM AND PLEASE SEND TO THE DESIGNATED HEALTHCARE PLAN USING THE CONTACT INFORMATION ON PAGE 7.

Please use this form for submitting requests for extensions of current ASAM Level of Care.

MEMBER INFORMATION	
Member Name:	DOB:
Member ID:	If retroactively enrolled, provide enrollment date:

PROVIDER INFORMATION	
Provider Group/Clinic:	Clinical Contact:
Street Address:	Physician Contact:
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
<input type="checkbox"/>	H0015 ASAM 2.1 Intensive Outpatient		<input type="checkbox"/>	H0010 / rev 1002 Mod HB ASAM 3.5 Clinically Managed High Intensity Residential Services (Adults)	
<input type="checkbox"/>	Rev 0906 / H0015 ASAM 2.1 Intensive Outpatient		<input type="checkbox"/>	H0010 / rev 1002 Mod HA ASAM 3.5 Clinically Managed Medium Intensity (Adolescent)	
<input type="checkbox"/>	S0201 ASAM 2.5 Partial Hospitalization		<input type="checkbox"/>	H2036 / rev 1002 Mod HB ASAM 3.7 Medically Monitored Intensive Inpatient Services (Adults)	
<input type="checkbox"/>	Rev 0913 / S0201 ASAM 2.5 Partial Hospitalization		<input type="checkbox"/>	H2036 / rev 1002 Mod HA ASAM 3.7 Medically Monitored High Intensity Inpatient Services (Adolescent)	
<input type="checkbox"/>	H2034 ASAM 3.1 Clinically Managed Low-Intensity Residential Services		<input type="checkbox"/>	H0011 / Rev 1002 ASAM 4.0 Medically Managed Inpatient Services	
<input type="checkbox"/>	H0010 / rev 1002 Mod TG ASAM 3.3 Clinically Managed Population Specific High-Intensity Residential Services		ESTIMATED DURATION OF THIS EPISODE OF CARE FOR REQUESTED ASAM LEVEL:		

ALCOHOL/DRUG SCREENS

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

N/A ☐

Alcohol/Drug Screen	Date of Specimen	Negative	Positive (if positive, list substances and level present)
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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

ASSESSMENT AND SCORING

DIMENSION 1 | Acute Intoxication and/or Withdrawal Potential

<input type="checkbox"/>	No withdrawal
<input type="checkbox"/>	Minimal Risk of severe withdrawal (ASAM Level 2.1)
<input type="checkbox"/>	Moderate risk of severe withdrawal (ASAM Level 2.5)
<input type="checkbox"/>	No withdrawal risk, or minimal or stable withdrawal (ASAM Level 3.1)
<input type="checkbox"/>	At minimal risk of severe withdrawal (ASAM Level 3.3 or 3.5)
<input type="checkbox"/>	ASAM LEVEL 3.7 ONLY: Patient has the potential for life threatening withdrawal (must meet at least two of the six dimensions, at least one of which is within dimension 1, 2, or 3)
<input type="checkbox"/>	ASAM LEVEL 4.0 ONLY: 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):

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

<input type="checkbox"/>	None or not sufficient to distract from treatment (ASAM Level 2.1 or 2.5)
<input type="checkbox"/>	None/stable or receiving concurrent treatment – moderate stability (3.1, 3.3, 3.5)
<input type="checkbox"/>	Require 24-hour medical monitoring, but not intensive treatment (3.7)
<input type="checkbox"/>	ASAM LEVEL 4.0 ONLY: 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):

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

<input type="checkbox"/>	None or very stable (ASAM Level 1.0)
<input type="checkbox"/>	Mild severity, with potential to distract from recovery; needs monitoring (ASAM Level 2.1)
<input type="checkbox"/>	Mild to moderate severity; with potential to distract from recovery; needs to stabilize (ASAM Level 2.5)
<input type="checkbox"/>	Non or minimal; not distracting to recovery (ASAM Level 3.1)
<input type="checkbox"/>	Mild to moderate severity; needs structure to focus on recovery (ASAM Level 3.3)

<input type="checkbox"/>	Demonstrates repeated inability to control impulses, or unstable with symptoms requiring stabilization (ASAM Level 3.5)
<input type="checkbox"/>	Moderate severity needs 24-hour structured setting (ASAM Level 3.7)
<input type="checkbox"/>	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):

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

<input type="checkbox"/>	Readiness for recovery but needs motivating and monitoring strategies to strengthen readiness, or needs ongoing monitoring and disease management (ASAM Level 1.0)
<input type="checkbox"/>	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)
<input type="checkbox"/>	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)
<input type="checkbox"/>	Open to recovery but requires structured environment (ASAM Level 3.1)
<input type="checkbox"/>	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)
<input type="checkbox"/>	Has marked difficulty with treatment or opposition due to functional issues or ongoing dangerous consequences (ASAM Level 3.5)
<input type="checkbox"/>	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

<input type="checkbox"/>	Minimal support required to control use, needs support to change behaviors (ASAM Level 1.0)
<input type="checkbox"/>	High likelihood of relapse/continued use or addictive behaviors, requires services several times per week (ASAM Level 2.1)
<input type="checkbox"/>	Intensification of addition 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)



<input type="checkbox"/>	Understands relapse but needs structure (ASAM Level 3.1)
<input type="checkbox"/>	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)
<input type="checkbox"/>	Does not recognize the severity of treatment issues, has cognitive and functional deficits (ASAM Level 3.5)
<input type="checkbox"/>	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	
<input type="checkbox"/>	Supportive recovery environment and patient has skills to cope with stressors (ASAM Level 1.0)
<input type="checkbox"/>	Not a fully supportive environment but patient has some skills to cope (ASAM Level 2.1)
<input type="checkbox"/>	Not a supportive environment but can find outside supportive environment (ASAM Level 2.5)
<input type="checkbox"/>	Environment is dangerous, patient needs 24-hour structure to learn to cope (ASAM Level 3.1 or 3.3)
<input type="checkbox"/>	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.	
2. Document the revised treatment goals.	

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3. Document the discharge plan/disposition. Include discharge level of care, agency 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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Please note: The Contractor shall respond to the the ARTS Service Authorization Request Forms within 72 hours of the request for placement at Intensive Outpatient and Partial Hospitalization (ASAM Levels 2.1, 2.5), Group Home (ASAM Level 3.1), Residential Treatment Services (ASAM levels 3.3, 3.5, and 3.7) and Inpatient Hospitals (ASAM Level 4.0).

CONTACT INFORMATION		
Fee-for-Service (FFS)	Phone Number	Fax Number
Acentra Health (formally KePro) Submit via the portal for ASAM levels 2.1 -4.0: https://atrezzo.kepro.com/Account/Login.aspx	(804) 622-8900 (local) (888) 827-2884 (toll-free)	(877) 652-9329
Cardinal Care Managed Care (CCMC)	Phone Number	Fax Number
Aetna Better Health	(800) 279-1878	(833) 757-1583 (ARTS) (855) 661-1828 (outpatient)
Anthem Healthkeepers Plus	(800) 901-0020	(844) 445-6646
Humana Healthy Horizons in Virginia	(844) 881-4482	(931) 650-3707
Sentara Community Plan	(800) 881-2166	(844) 366-3899 (757) 837-4878
Sentara Community Plan Kaiser Permanente	(301) 625-5561	(855) 414-1703
UnitedHealthcare	(844) 284-0146	(855) 368-1542

Please Note: Kaiser Counties and Cities include: Loudon, Prince William, Fairfax, Arlington, Alexandria, Manassas Park, Manassas, Fairfax and Falls Church.