

# Behavioral Health Substance Use Service Request Form

Submit completed form electronically using our preferred method at **Availity** or by fax to **1-833-974-0059**.

Today's date:	
Contact at provider's office:	Secure fax:
Name of requestor:	Phone:
<b>Note:</b> Please provide appropriate contact information, including best working phone number for Humana staff to contact you if we need clarification or additional information to complete the request.	

## Member information

Last name:		First name:	
Humana ID:	Medicaid ID:	Date of birth:	
Legal guardian name:		Phone:	
Authorization number (if applicable):			

## Requesting provider/facility

Provider name:	TIN:	NPI:
Address:	City, state, ZIP:	
Contact name:	Phone:	Fax:

## Treating/servicing provider

Provider name:	TIN:	NPI:
Address:	City, state, ZIP:	
Contact name:	Phone:	Fax:

## Services

ASAM 3.5 (clinically managed high-intensity residential)	ASAM 2.5 (Partial hospitalization)
ASAM 3.3 (clinically managed high-intensity resident) special population: _____	ASAM 2.1 (Intensive outpatient services)
ASAM 3.1 (halfway house, low-intensity residential)	ASAM 1 (Outpatient services)



Humana Healthy Horizons in Louisiana is a Medicaid Product of Humana Health Benefit Plan of Louisiana, Inc.

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**Diagnosis code(s) and date(s) of service (DOS)**

ICD-10*:	ICD-10*:	ICD-10*:	ICD-10*:
Start date of service:		End date of service:	
Type of request:	Initial request	Concurrent request	

\* ICD-10 codes are from the International Classification of Diseases, Tenth Edition.

**Service code(s) including modifiers as indicated**

Code:	Units:	Frequency:
Code:	Units:	Frequency:
Code:	Units:	Frequency:
Code:	Units:	Frequency:
Code:	Units:	Frequency:

**Precipitant to admission** (Be specific. Why is the treatment needed now?)

**Risk of harm to self** (within the past 24 to 48 hours)

If present, describe:

If prior attempt, date and description:

Risk rating (select all that apply)

Not present	Ideation	Plan	Means	Prior attempt
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**Risk of harm to others (within the past 24 to 48 hours)**

If present, describe:

If prior attempt, date and description:

Risk rating (select all that apply)

Not present

Ideation

Plan

Means

Prior attempt

**Psychosis**

Risk rating (0 = None, 1 = Mild or mildly incapacitating, 2 = Moderate or moderately incapacitating, 3 = Severe or severely incapacitating, N/A = Not assessed):

0

1

2

3

N/A

If present, description:

Symptoms (select all that apply):

Auditory/visual hallucinations

Delusions

Command hallucinations

Paranoia

**Substance use**

Risk rating (0 = None, 1 = Mild or mildly incapacitating, 2 = Moderate or moderately incapacitating, 3 = Severe or severely incapacitating, N/A = Not assessed):

0

1

2

3

N/A

Substances (select all that apply):

Alcohol

Marijuana

Cocaine

PCP

LSD

Methamphetamines

Opioids

Barbiturates

Benzodiazepines

Other (describe): \_\_\_\_\_

### Substance use

Urine drug screen:	Yes	No	Unknown
Result (if applicable):	Positive (if selected, list drugs): _____		
	Negative	Pending	
Blood alcohol level screen:	Yes	No	Unknown
Result (if applicable):	Value	Pending	
Substance use screening (select if applicable and give score):			
	Clinical Institute Withdrawal Assessment (CIWA): _____		
	Clinical Opiate Withdrawal Scale (COWS): _____		

### For substance use disorders, please complete the following additional information.

#### Current assessment of American Society of Addiction Medicine (ASAM) criteria

Dimension (describe or give symptoms)	Risk rating
<b>Dimension 1</b> (acute intoxication and/or withdrawal potential, such as vitals, withdrawal symptoms)	<b>Minimal/none</b> — not under influence; minimal withdrawal potential <b>Mild</b> — recent use but minimal withdrawal potential <b>Moderate</b> — recent use; needs 24-hour monitoring <b>Significant</b> — potential for or history of severe withdrawal; history of withdrawal seizures <b>Severe</b> — presents with severe withdrawal, current withdrawal seizures
<b>Dimension 2</b> (biomedical conditions and complications)	<b>Minimal/none</b> — none or insignificant medical problems <b>Mild</b> — mild medical problems that do not require special monitoring <b>Moderate</b> — medical condition requires monitoring but not intensive treatment <b>Significant</b> — medical condition has a significant impact on treatment and requires 24-hour monitoring <b>Severe</b> — medical condition requires intensive 24-hour medical management
<b>Dimension 3</b> (emotional, behavioral or cognitive complications)	<b>Minimal/none</b> — none or insignificant psychiatric or behavioral symptoms <b>Mild</b> — psychiatric or behavioral symptoms have minimal impact on treatment <b>Moderate</b> — impaired mental status; passive suicidal/homicidal ideations; impaired ability to complete activities of daily living (ADLs) <b>Significant</b> — suicidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24-hour monitoring <b>Severe</b> — active suicidal/homicidal ideations and plans, acute psychosis, severe emotional lability or delusions; unable to attend to ADLs; psychiatric and/or behavioral symptoms require 24-hour medical management

**For substance use disorders, please complete the following additional information.**

<p><b>Dimension 4</b> (readiness to change)</p>	<p><b>Maintenance</b> — engaged in treatment  <b>Action</b> — committed to treatment and modifying behavior and surroundings  <b>Preparation</b> — planning to take action and making adjustments to change behavior; has not resolved ambivalence  <b>Contemplative</b> — ambivalent; acknowledges having a problem and beginning to think about it; has indefinite plan to change  <b>Precontemplative</b> — in treatment due to external pressure; resistant to change</p>
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<p><b>Dimension 5</b> (relapse, continued use or continued problem potential)</p>	<p><b>Minimal/none</b> — little likelihood of relapse  <b>Mild</b> — recognizes triggers; uses coping skills  <b>Moderate</b> — aware of potential triggers for mental health/ substance abuse (MH/SA) issues but requires close monitoring  <b>Significant</b> — not aware of potential triggers for MH/SA issues; continues to use/relapse despite treatment  <b>Severe</b> — unable to control use without 24-hour monitoring; unable to recognize potential triggers for MH/SA despite consequences</p>
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<p><b>Dimension 6</b> (recovery living environment)</p>	<p><b>Minimal/none</b> — supportive environment  <b>Mild</b> — environmental support adequate but inconsistent  <b>Moderate</b> — moderately supportive environment for MH/SA issues  <b>Significant</b> — lack of support in environment or environment supports substance use  <b>Severe</b> — environment does not support recovery or mental health efforts; resides with an emotionally/physically abusive individual or active user; coping skills and recovery require a 24-hour setting</p>
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If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning?

**Previous treatment** (Include provider name, facility name, medications, specific treatment/levels of care and adherence.)

## Current treatment plan

Standing medications:

As-needed medications administered (not ordered):

Other treatment and/or interventions planned (including when family therapy is planned):

**Support system** (Include coordination activities with case managers, family, community agencies and so on. If case is open with another agency, provide the agency name, phone number and case number.)

## Results of depression screening

**Results of depression screening**

Readmission within the past 30 days?      Yes                                      No  
If yes, and readmission was to the discharging facility, what part of the discharge plan did not work and why?

**Initial discharge plan** (List name and number of discharge planner and include whether the member can return to current residence.)

Planned discharge level of care:

Describe any barriers to discharge:

**Expected discharge date:**

**Submitted by:**

**Date:**