Washington Apple Health IMC
UHC Behavioral Health Prior Authorization Form
Phone Number: (877) 542-9231
Fax Number: (844) 747-9828

UnitedHealthcare Community Plan

Washington Apple Health Integrated Managed Care BH Prior Authorization Request
Behavioral Health Only: Do NOT submit a Medical Prior Authorization Request
To protect PHI, follow all HIPPA Guidelines
Only include medically necessary documentation. Limit additional documentation to 4-8 pages
****Do NOT fax extraneous or old chart documentation****

Submitted Date and Time:	
Member Information	
Member First Name:	**Member Last Name:**
Member DOB:	**Member Medicaid ID:**
Legal Guardian: ☐ yes ☐No	**Legal Guardian Name & Phone:**
Provider Information	
Requesting Facility or Group Name:	**Requesting Tax ID:**
Admitting Facility or Group Name:	**Tax ID:**
Address 1:	**Address 2:**
City:	**State:**
Zip Code:	
Attending Physician *(must be included):	
Utilization Review or Contact Name:	**Utilization Review Contact Phone Number:** **Utilization Review Fax Number:**
Authorization Information	
Admission Date:	
Mbr Location (in ER or elsewhere; please describe):	
If Inpatient Expected Discharge Date:	**If Inpatient follow-up appointment date and time (must be within 7 days of Discharge):**
Choose one: **Initial Review: ☐** **Concurrent Review: ☐**	**Choose One:** **Elective / Routine ☐** **Expedited / Urgent ☐**
Number of Days / Units Requested:	
Level of Care / Procedure Code **Procedure Code must match Level of Care**	
Inpatient Hospitalization: **Voluntary: ☐** **Involuntary: ☐** **If Involuntary Court Date:**	***Internal only (provider do not complete)***
Detoxification Notification ASAM 4.0: (Acute setting): ☐	***Internal only (provider do not complete)***
WISe Notification: ☐	***Internal only (provider do not complete)***
CLIP Notification: ☐	***Internal only (provider do not complete)***
Residential Treatment:	**Procedure Code:**

Short Term MH: ☐ Long Term MH: ☐ **Short Term SUD ASAM 3.5 H0018: ☐** **Long Term SUD ASAM 3.3 H0019: ☐**	
Residential Treatment Bed Reservation : ☐ **Bed Date:**	**Procedure Code:**
Sub-Acute Detoxification (non-hospital setting): **Clinically Managed ASAM 3.2 H0010: ☐** **Medically Monitored ASAM 3.7 H0011: ☐**	**Procedure Code:**
Partial Hospitalization Program/Day: ☐	**Procedure Code:**
Electroconvulsive Therapy (ECT): ☐	**Procedure Code:**
Psychological Testing: ☐	**Procedure Code:**
Non-Par Outpatient Services: ☐	**Procedure Code:**
IOP (Intensive Outpatient): ☐	**Procedure Code:**
Other:	**Procedure Code:**

Clinical Documentation Instructions:

1. **Complete <u>all Sections</u> Below for Inpatient, Detoxification, Residential Treatment, Partial Hospitalization, IOP or Day Treatment:** **If SUD, <u>also</u> submit completed ASAM Assessment – See end of fax for sample.*
2. **To protect PHI, please follow all HIPPA Guidelines**
3. **Only include medically necessary documentation. Limit additional faxed documentation to 4-8 pages**
4. **Include with fax: Current Attending Psychiatrist's Notes and Medication**
5. ****Do NOT fax extraneous or old chart documentation****

King County Only: Member-delegated SMI/SED? Yes ☐ No ☐

Current Primary DSM-5 Diagnosis Code:	**Current Primary DSM-5 Diagnosis Name & Description:**
Secondary DSM-5 Diagnosis Code:	**Secondary DSM-5 Diagnosis Name & Description:**
Reason for Admission:	**Active Medical Conditions:**
Current Acute Symptoms:	**Precipitant:**
Current Medications:	**Current Treatment Interventions:**
Specific actions or treatment plans to address acute symptoms or behaviors:	
Planned Discharge Level of Care:	**Barriers to Discharge:**
Facility/Provider PAR or Non-PAR (in Network or Out of Network):	

Psych Testing, ECT, Non PAR: ADDITIONAL CLINICAL DOCUMENTION:
To protect PHI, follow all HIPPA Guidelines:
Only include medically necessary documentation. **Do NOT fax extraneous or old chart documentation**

Psychological Testing:

- Diagnoses and neurological condition and/or cognitive impairment (suspected or demonstrated)
- Description of presenting symptoms and impairment
- Member and Family psych /medical history
- Documentation that medications/substance use have been ruled out as contributing factor
- Test to be administered and # of hours requested, over how many visits and any past psych testing results
- What question will testing answer and what action will be taken/How will treatment plan be affected by results

Electroconvulsive Therapy (ECT):

- Acute symptoms that warrant ECT (specific symptoms of depression, acute mania, psychosis, etc.)
- ECT indications (acute symptoms refractory to medication or medication contraindication)
- Informed consent from patient/guardian (needed for both Acute and Continuation)
- Personal and family medical history (update needed for Continuation)
- Personal and family psychiatric history (update needed for Continuation)
- Medication review (update needed for Continuation)
- Review of systems and Baseline BP(update needed for Continuation)
- Evaluation by anesthesia provider (update needed for Continuation)
- Evaluation by ECT-privileged psychiatrist (update within last month needed for Continuation)
- Any additional workups completed due to potential medical complications
- Continuation/Maintenance: *as covered per benefit package
- Information updates as indicated above
- Documentation of positive response to acute/short-term ECT

Indications for continuation/maintenance

Non-PAR Outpatient Services: *as covered per benefit package

- Rationale for utilizing Out of Network provider
- Known or Provisional Diagnosis and Current Symptoms
- Any Known Barriers to Treatment
- Plan of Treatment including estimated length of care and discharge plan
- Additional supports needed to implement discharge plan

ASAM Assessment

1. **To protect PHI, follow all HIPPA Guidelines: Only include medically necessary documentation.**
2. **Do NOT fax extraneous or old chart documentation. Limit extra documentation to 4-8 pages**
3. **Address MAT considerations.**
4. **Succinctly address all ASAM dimensions and use this basic format or an ASAM dimension checklist**
5. **If you cannot complete the ASAM assessment due to member's condition please detail explanation. It might be more appropriate to call for a Prior Auth in this instance.**
6. **If the assessment is within two weeks but not current, please send assessment and briefly update dimensions sections below or send in an addendum.**
7. **If the assessment is over two weeks old, redo the assessment.**

American Society of Addiction Medicine (ASAM) DIMENSION 1*: (ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL)*

Substance use diagnosis:

Is MAT being considered Y ☐ N ☐ N/A ☐

If Yes: MAT anticipated start date:

MAT Medication:

If No, why not?

Has MAT been used in the past Y ☐ N☐ N/A☐ UNK ☐

Substance use history (substance/amount/frequency/route/first use/last use):

Urine drug screen:
Blood alcohol level:

Current withdrawal symptoms/vitals:

History of seizures/blackouts/DTs:

Supporting Assessment Scores CIWA or COWS:

Assessor ASAM Rating Dimension 1:

ASAM DIMENSION 2*:* (*BIOMEDICAL CONDITIONS AND COMPLICATIONS*)
Medical issues/diagnosis:

PCP:

Home meds:

Current meds/detox protocol:

Assessor ASAM Rating Dimension 2:

ASAM DIMENSION 3: *(EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS)*
Mental health diagnosis:
Outpatient mental health provider:

Home medications:

Current medications:

Other relevant information (e.g., abuse, trauma, risk factors, history of noncompliance, current mental status):

Assessor ASAM Rating Dimension 3:

ASAM DIMENSION 4*: (READINESS TO CHANGE)*

Stage of change/as evidenced by:

Internal/external motivators (legal, family, DCFS, employer, why now/precipitant):

Assessor ASAM Rating Dimension 4:

ASAM DIMENSION 5*: (RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL)*

Relapse potential:

Triggers identified:

Relapse prevention skills/progress during treatment:

Treatment history (levels of care, facility, dates):

Longest period of sobriety outside of structured environment:

Assessor ASAM Rating Dimension 5:

ASAM DIMENSION 6*: (RECOVERY AND LIVING ENVIRONMENT)*

Living situation:

Sober supports:

Family history of mental health/substance abuse:

Assessor ASAM Rating Dimension 6: