



Mercy Care Notification of SUD Residential Admission  
Request for Prior Authorization  
Admission Fax # 855-825-3165

This form must be completed entirely and faxed to above number to obtain an authorization for this admission. **Any incomplete requests cannot be processed.**

LOC Requested	SUD Residential (H0018)
Provider/Facility Name	
Facility Address	
Provider Contact Number	
Provider Fax Number	
Provider Email	
Completed By/Contact info	

Member Name	
D.O.B.	
AHCCCS ID #	
Date of Admit	
Date of Discharge (if retro review)	
Diagnosis code(s)	
ASAM Score	
Current Medications (If not applicable, put "none")	

SU Info: Substance(s) used, date of last use, amount used, frequency of use	
Legal History	
Discharge Plan (For SMI members, please make sure to provide clinical team information and date of coordination of care)	
Clinical Rationale	

**Initial authorization request should include the following documentation:**

- Assessment from admitting facility to include substance use history (age of first use, date of last use, amount used) and legal history/DCS
- Complete ASAM Score with dimensions included, clinical rationale for ASAM score including recommendation for level of care
- Outline treatment plan specifics (IE: type of therapy being provided, member's engagement in services, detox protocol, etc.)
- A list of psychiatric and non-psychiatric medications
- Discharge planning present on admission
- Any other documentation requested by Mercy Care Staff if applicable