



Medical Necessity Determination

NAME / MRN _____

**This form may not be used for billing. The service MUST be documented in a progress note in order to be claimed.
This form MUST be completed by a Licensed Practitioner of the Healing Arts (LPHA)**

Program Name:		Initial Admission	<input type="checkbox"/> Date: _____
Facility ID:	Program ID:	Continued Stay/Extension	<input type="checkbox"/> Date: _____
		Transfer of Level of Care/Service	<input type="checkbox"/> Date: _____

Diagnosis: Diagnostic Statistical Manual, 5 th Edition (DSM-5) Criteria for Substance Use Disorder			
	Dx #1	Dx #2	Dx #3
Check the DSM-5 Criteria that have occurred in the past 12 months related to each substance			
1. Substance is often taken in larger amounts or over a longer period than was intended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Craving, or strong desire or urge to use the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Important social, occupational, or recreational activities are given up or reduced because of substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recurrent substance use in situations in which it is physically hazardous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tolerance, as defined by either of the following: a need for markedly increased amounts of the substance to achieve intoxication or desired effect or a markedly diminished effect with continued use of the same amount of the substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Withdrawal, as manifested by either of the following: the characterizing withdrawal syndrome for the substance or substance (or closely related substance) is taken to relieve or avoid withdrawal symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*The presence of at least 2 of the above criteria indicates a substance use disorder . *The severity of the substance use disorder is defined as: Mild = Presence of 2-3 criteria; Moderate = Presence of 4-5 criteria; Severe = Presence of 6 or more criteria			
PRIMARY SUBSTANCE USE DISORDER DIAGNOSIS (#1)	ICD-10 CODE	DSM-5 CODE	
Diagnosis Narrative:			
SECONDARY SUBSTANCE USE DISORDER DIAGNOSIS (#2)	ICD-10 CODE	DSM-5 CODE	
Diagnosis Narrative:			
TERTIARY SUBSTANCE USE DISORDER DIAGNOSIS (#3)	ICD-10 CODE	DSM-5 CODE	
Diagnosis Narrative:			

Clinical formulation of criteria to justify the primary diagnosis, include history and current symptoms:

Level of Care Recommendation

LPHA: Indicate all Levels of Care Recommended:

- 1.0 Outpatient 2.1 Intensive Outpatient
 3.1 Clinically Managed Low-Intensity Residential Services 3.5 Clinically Managed High-Intensity Residential Services
 3.2 Withdrawal Management (Residential) Medication Assisted Treatment Recovery Support Services

If the most appropriate Level of Care is not utilized, then list the next appropriate Level of Care/Service Provided: _____

Mark the Reason for Difference (if any)

- N/A, no difference Client Preference Family Responsibility Service Not Available
 Geographic Accessibility Provider Clinical Judgement Lack of Medical Insurance/Inability to Pay
 Language/Cultural Considerations Beneficiary in Need of Withdrawal Management
 Beneficiary Preferred to Wait Reached Maximum Allowable Benefits (3.1)

Explanation of Need for Services and Level of Care Justification

Dimension 1:

Dimension 2:

Dimension 3:

Dimension 4:

Dimension 5:

Dimension 6:

My signature below acknowledges that:

- I have either met with the beneficiary or have met with the substance abuse counselor who conducted the level of care placement assessment.*
- I have reviewed the above information and have determined that there are no known conditions that would place the beneficiary at excessive risk in the treatment program planned and that the beneficiary is receiving appropriate and beneficial treatment that can be reasonably expected to improve the diagnosed condition.*

LPHA Printed Name and Licensure/Credentials	LPHA Signature	Date