



## Mercy Care Notification of Subacute Detox Admission

Admission Fax # 855-825-3165

This form must be completed entirely and faxed to above number to obtain an authorization for this admission

Provider Name	
Facility	
Facility Type	Subacute Detox
Facility Address	
Provider Contact Number	
Provider Fax Number	
Codes Being Billed	
Completed By/Contact info	

Member Name	
D.O.B.	
AHCCCS ID #	
Date/Time of Admit	
Date of Discharge (If Retro Review)	
Diagnosis code(s)	
ASAM Score	

### 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
- ASAM Score with dimensions included, clinical rationale for ASAM score including recommendation for level of care
- Initial UDS results
- 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