



## SUD 48-Hour Notification of Admission (ASAM) Form

Use this form for substance abuse inpatient rehabilitation for adults, intensive outpatient programs (IOPs), or inpatient withdrawal management only. Complete and fax all requested information below including any supporting documentation as applicable to Highmark Health Options at **1-855-412-7997**. **Incomplete information or illegible forms will delay processing.**

**Questions or concerns?** Call Utilization Management at 1-844-325-6251, Monday through Friday, 8 a.m. to 5 p.m.

Date: \_\_\_\_\_

Member Information	
Member Name	Member ID
Date of Birth	
Diagnosis	ICD-10 Code

Provider Information	
Facility Name	NPI Number
Treating Provider	
Provider Phone	Provider Fax
Contact Person Completing Form	
Contact Phone	Contact Fax
Date of Admission or Start of Care Under Current Plan	

Select the Level of Care
<input type="checkbox"/> Adult Substance Abuse Inpatient Rehabilitation – 14 Days
<input type="checkbox"/> Inpatient Detoxification/Withdrawal Management – 5 Days
<input type="checkbox"/> Intensive Outpatient Services – 30 Days