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**SECTION III — DOCUMENTATION (Continued)**

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10. List the **current** primary and secondary diagnosis codes and descriptions from the most recent *Diagnostic and Statistical Manual of Mental Disorders* for the member's current primary and secondary diagnosis.

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11. Describe the member's **current** clinical problems and relevant clinical history, including substance abuse history. (Give details of dates of abuse, substance[s] abused, amounts used, date of last use, etc.)

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12. Has the member received any substance abuse treatment in the past 12 months?  Yes  No  
If "Yes," provide information on the date of each treatment episode, the type of service provided, and the **treatment outcomes**.

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13. Has the member received any inpatient substance abuse care, intensive outpatient substance abuse services, or substance abuse day treatment in the past 12 months?  Yes  No  
If "Yes," give rationale for appropriateness and medical necessity of the current request. Describe projected outcome of additional treatment requested.



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**SECTION III — DOCUMENTATION (Continued)**

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15. Treatment Plan (Continued)

- Briefly describe treatment goals and objectives in specific and measurable terms.
  
  
  
  
  
  
  
  
  
  
- Describe the expected outcomes of treatment including the plan for continuing care.

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I have read the attached request for PA of substance abuse day treatment services and agree that it will be sent to ForwardHealth for review.

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16. **SIGNATURE** — Member or Representative

17. Date Signed

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18. Relationship (if representative)

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Attach a photocopy of the physician's current prescription for substance abuse day treatment. (Must be dated within one month of receipt at ForwardHealth.)

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19. **SIGNATURE** — Rendering Provider

20. Date Signed

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21. Discipline of Rendering Provider

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22. **SIGNATURE** — Supervising Physician or Psychologist

23. Date Signed

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24. Supervising Physician or Psychologist's NPI

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