Alcohol (Ethanol) Testing

MEDICAL NECESSITY CRITERIA (OMHSAS-approved)

In order for a non-breath alcohol test to be approved as medically necessary, the following two criteria must be met:

1. The member requires alcohol testing in order to establish or to exclude a diagnosis of alcohol intoxication, abuse, or dependence in order to guide treatment.
2. The member’s current clinical status prevents the use of a breath alcohol test.
DEPARTMENT OF BEHAVIORAL HEALTH/COMMUNITY BEHAVIORAL HEALTH

ALCOHOL (ETHANOL) TESTING AUTHORIZATION REQUEST

(Please print legibly/type)

Member Name __________________________ Date of Request __________________________

MA CIS# ______________________ Date of Birth __________ Soc Sec# ________________

Agency Name ______________________ CBH provider # __________ Fax # ________________

Physician Requesting Name ______________ Position/Title______________ Phone# __________

Laboratory Name ___________________________________________ Phone # ________________

DSM Diagnoses (give complete diagnostic category name including specifiers, if relevant):


1. Amount of alcohol consumed daily?

2. Date of last alcohol use?

3. Please indicate clinical rationale as to why an alcohol breath test may not be utilized:


CBH USE ONLY

Date Received __________________________ Received by __________________________

Comment:


Approved? ___ Yes ___ No

Community Behavioral Health, 801 Market Street, 7th Floor, Philadelphia, PA 19107
CBH Crisis Line
24 Hour Hotline
Phone (215) 413-7171 • Fax (215) 413-7115