

Patient presents with signs & symptoms consistent with AUD. Perform validated screen tool for AUD and other substances. The first clinical priority should be given to identifying and making appropriate referral for any urgent or emergent medical or psychiatric problem(s), including drug related impairment or overdose. Refer to Part 1 (assessment) pg 5 at [https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/quality-science/the\\_asam\\_clinical\\_practice\\_guideline\\_on\\_alcohol-1.pdf?sfvrsn=ba255c2\\_0](https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/quality-science/the_asam_clinical_practice_guideline_on_alcohol-1.pdf?sfvrsn=ba255c2_0)

Continue Comprehensive Evaluation. If prescribing Rx ensure physical exam is conducted or reviewed. Ascertain if pt is appropriate for Rx. Conduct assessment to gauge withdrawal potential. Determine LOC using ASAM criteria. If a newly diagnosed AUD (SUD) is initiation of therapy within 14 days (HEDIS). Also, after initiation F/U, is patient seen within 34 days of visit (HEDIS).

If urgency or emergency is present, refer member to appropriate setting. Ensure warm handoff. If patient is D/C from inpt, ED, or residential tx, ensure pt is seen within 7 days. (HEDIS)

LOC determined by ASAM Criteria. For the applicable service refer to the CCP.