

## Behavioral Health Notification of SUD Admission

*Must be submitted within 48 hours of admission*

### Fax Information:

For SUD inpatient and withdrawal management: **1-833-967-0499** For  
SUD intensive outpatient treatment: **1-833-967-0498**

**NOTE: Please submit initial treatment plan and supporting documentation with this form**

### MEMBER INFORMATION

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Member Contact Number: \_\_\_\_\_ Member Medicaid Number: \_\_\_\_\_

### FACILITY / PROVIDER INFORMATION

Facility Name: \_\_\_\_\_ Utilization Reviewer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Service Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Billing Provider / Facility NPI: \_\_\_\_\_ Billing Provider / Facility Tax ID: \_\_\_\_\_

### MEMBER STATUS

Voluntary

Involuntary

### SERVICE RENDERED

Inpatient Acute (SUD)

Intensive Outpatient Treatment (SUD)

Inpatient Withdrawal Management

Procedure Code: \_\_\_\_\_

### ADMISSION / DIAGNOSIS

Admission Date: \_\_\_\_\_ Tentative Discharge Date: \_\_\_\_\_

Primary Diagnosis (include ICD-10 code): \_\_\_\_\_

Additional Diagnostic Considerations (include DSM V code[s]): \_\_\_\_\_

**DISCHARGE PLANNING**

**Tentative Discharge Plan:**

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**Barriers to Discharge:**

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Staff Signature (with credentials)

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Date