

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: _____ Fax Number: _____

Provider Name: _____

Service Location: _____ City: _____ State: _____ ZIP Code: _____

Billing Provider / Facility NPI: _____ Billing Provider / Facility Tax ID: _____

MEMBER STATUS

☐ Voluntary

☐ Involuntary / Court Commit

SERVICE RENDERED

☐ Medically Managed Residential Treatment (ASAM 3.7; Code H0011, 116, 126, 136, 146, 156)

☐ Medically Managed Residential Treatment (ASAM 3.7; Code H2036TG, 118, 128, 138, 148, 158)

☐ Substance Abuse Intensive Outpatient Program Treatment (ASAM 2.1; Code H0015, 906)

☐ Other CPT / Revenue 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:

Barriers to Discharge:

Staff Signature (with credentials)

Date