

# Buprenorphine/Naltrexone Medication Assisted Treatment

## (MAT)Cover Sheet Medica Behavioral Health

Date: \_\_\_\_\_ Medica Alt ID/PMI #: \_\_\_\_\_

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

Member Address: \_\_\_\_\_ Member Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program/Agency Name: \_\_\_\_\_ Location: \_\_\_\_\_

Buprenorphine/MAT Program initiated on (Date): \_\_\_\_\_ (180 units for 6 months)

\*For initial requests this will be the same as the start date, for continued service requests please put the first date of Service after the current authorization expires.

Service requested (choose only one):

Medication Assisted Treatment (H0047)

Medication Assisted Treatment Plus (H0047 UB; includes minimum 9 hours of counseling/week)

**Please send a copy of initial assessment and/or updated clinical information (e.g., 6 dimensions, treatment plan, dosage) along with this cover sheet to Medica Behavioral Health:**

**Fax:** 855-454-8155

**Mail:** Medica Behavioral Health

PO Box 1459

MR: MN 101—E700

Minneapolis, MN 55440-1459

**Additional information and/or requested documents can be faxed to 855-454-8155 or Mailed to MN CAC; PO Box 1459; MR MN101-E700; MPLS, MN 55440-1459**

Optum manages the Medica Behavioral Health Program