Buprenorphine/Naltrexone Medication Assisted Treatment (MAT) Cover Sheet:

Medica Behavioral Health

Date: _____ **Medica Alt ID/PMI #:** _____

Member Name: _____

Member Phone: _____ **DOB:** _____

Member Address: _____

_____

_____

Contact Person: _____ **Phone Number:** _____

Program/Agency Name: _____

Location (City): _____

Buprenorphine/MAT Program initiated on (Date): _____

Start date for this request* (Date): _____

*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)

–OR–

☐ 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: MN103-0500
Minneapolis, MN 55440-1459

Additional information and/or requested documents can be faxed to: 855-454-8155 or Mailed to: MN-CAC; P0 Box 1459; MR: MN103-0500; MPLS, MN 55440-1459

Optum manages the Medica Behavioral Health program