



**Medica Behavioral Health: Substance Use Disorder (SUD)  
Assessment/Fax Cover Sheet**

Date: \_\_\_\_\_ Medica Member # \_\_\_\_\_  
Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Assessor Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Assess/Update Completed At: \_\_\_\_\_ Assessment Date: \_\_\_\_\_  
Person Completing This Form: \_\_\_\_\_ Contact #: \_\_\_\_\_

**ARE YOU MAKING A REQUEST FOR SUD SERVICES?** *Use Medication Assisted Treatment request forms for MAT/MMT*

- NO Please complete the demographic information above and attach the assessment for information purposes only
  - YES You must **attach the most recently completed/updated assessment (e.g. Rule 25/31 or Comp Assess) or progress notes**
- For this request to be valid, **the information above and below must be completed in full**

**SERVICE REQUEST** (ONLY COMPLETE THIS SECTION IF YOU ARE REQUESTING COVERAGE OF SERVICES)

Facility/Program Name\* \_\_\_\_\_ Location: \_\_\_\_\_

Facility Tax ID#: \_\_\_\_\_ Facility Fax Number: \_\_\_\_\_

\*Check this box if no specific facility or program for services has been identified

**Which type of service are you requesting?** (Complete either the Outpatient or Residential portion, not both)

\*\*Acute Hospital Based Inpatient Services (Rehab/Detox) must be called in to 800-848-8327\*\*

<b>OUTPATIENT</b> ENTER REQUEST AS SERVICES WILL BE BILLED, IN HOURLY <u>OR</u> DAILY/PER DIEM UNITS		
<p style="text-align: center;"><b><u>Hourly/Per Hour Billing Only:</u></b></p> <p>Total # of Treatment Hours being requested, if providing treatment services billed hourly:</p> <p>Number of Group Hours _____</p> <p>Number of Individual Hours _____</p>	<b>-OR-</b>	<p style="text-align: center;"><b><u>Daily/Per Diem Billing Only:</u></b></p> <p>Total # of Program Days being requested, if providing treatment services billed as a per diem:</p> <p>Number of Days _____</p>
<p><b>Track:</b>(Must choose one)</p> <p><input type="checkbox"/> Adolescent</p> <p><input type="checkbox"/> Services Adult Services</p> <p><input type="checkbox"/> Geriatric Services</p>	<p><b>Program Specifics/Modifiers</b> (Must check all that apply)</p> <p><input type="checkbox"/> Co-Occurring Services</p> <p><input type="checkbox"/> Recipients with Children</p> <p><input type="checkbox"/> Special Populations</p> <p><input type="checkbox"/> Medical Services</p>	
<p><b>Dates of Service:</b> Start date for this request: _____ End date for this request: _____</p>		

**Treatment Coordination**

T1016 U8 HN 15 min per unit

**MEDICAID ONLY SERVICES**

Total number of units (max 8 units per day) \_\_\_\_\_

Dates of Service: Start date for this request: \_\_\_\_\_ End date of this request: \_\_\_\_\_

**Peer Recovery Support**

H0038 U8 15 min per unit

**MEDICAID ONLY SERVICES**

Total number of units (max 8 units per day) \_\_\_\_\_

Dates of Service: Start date for this request: \_\_\_\_\_ End date for this request: \_\_\_\_\_

**RESIDENTIAL** FOR INITIAL SERVICE REQUESTS ONLY. FOR CONTINUED STAY REQUESTS CALL 1-800-848-8327**Track: (Must choose one)**

- Adolescent Residential Services
- Adult Residential Services

**Adult Res Intensity Level (Adult only, MN-based programs only)**

- High (> 30 hours/weekly)
- Medium (15-29 hours/weekly)
- Low (5-14 hours/weekly)

**Program/Modifiers (for MN based programs only)**

(Must check all that apply)

- Co-Occurring Services
- Recipients with Children
- Special Populations
- Medical Services

Has the member been admitted to the program?  NO  YES, ADMIT DATE \_\_\_\_\_**Fax to: Medica Behavioral Health at 1-855-454-8155**

Optum Behavioral is branded to Medica members as Medica Behavioral Health