



Authorization for Substance Use Disorder Services

Fax completed forms to (952)853-8830. Call Utilization Management (UM) at (952)883-7501 with questions. Incomplete forms will be returned. **Submit clinical documentation** to support your request. *Please attach cover letter to any request to ensure privacy for our members.* Sign in at healthpartners.com/provider and use the Authorizations and referrals link to check the status of your prior authorization request.

Member information

First Name MI Last Name
HealthPartners ID # DOB

Requester information

Form completed by: First Name Last Name
Your business name
Your business street address
Your business city Your business state Your business zip
Phone* Fax**

Clinician information

Physician first name Physician last name
Specialty NPI
Clinic name
Clinic street address
Clinic city Clinic state Clinic zip
Clinic tax ID (claim may be rejected if incorrect)
Email Phone* Fax**

Facility site for services

Facility name
Facility street address
Facility City Facility state Facility zip
Billing tax ID (claim may be rejected if incorrect)
Phone* Fax**

Substance Use Disorder Services

Only include codes requiring prior authorization; other codes will not be addressed.

Primary diagnosis code Description
Secondary diagnosis code Description
Actual admit date:

*Confidential voicemail required

**For outcome notification

Procedure codes (s)

Procedure(s) description

Request for Substance Use Level of Care:

Residential Detoxification	Hospital Detoxification	Residential Treatment	Partial Hospitalization
Intensive Outpatient	Cultural/Gender Specific	Other	

Estimated Admit date:

Estimated Discharge date:

In addition to the basic form, please submit a Comprehensive Substance Use Disorder Assessment

******Please attach any collateral information, medication administration records, withdrawal scores, civil commitment court order, or other pertinent clinical information for review******

HealthPartners CANNOT accept a completed form via e-mail

Request for Authorization to HPBH Dept. Fax# (952)853-8830

BH Triage line Ph.#: (952)883-7501

If you are a facility outside the state of Minnesota or Wisconsin, please submit your facility license with your request.

Continued SUD Stay Request for Authorization

Fax completed form to: **952-853-8830**

For questions call: **952-883-7501**

Authorization #:

Reference #:

Submit this form by the certified end date or submit discharge date if no additional time is necessary.

Member Name:	Facility Name:
HealthPartners ID#:	Facility Contact Name:
DOB:	Facility Contact Phone: Is voicemail confidential? yes no
Admit Date:	Facility Fax:
Discharge Date:	Procedure Codes:
Current level of care: Residential Treatment (<i>High, Medium, or Low</i>)	Partial Hospitalization
Recommended step down/Aftercare: Residential Treatment (<i>Medium/Low</i>) --	Partial Hospitalization -- OP
Attending Health Care Professional:	Phone #: Fax #:

Confirmed admission date:

Anticipated discharge date:

Medical and Mental Health

Current Medical Concerns:

Current Mental Health Diagnoses:

Medications (include dates of changes):

Is member taking medications as prescribed?

Current mental health symptoms/high risk behaviors during treatment episode:

How are these current symptoms impacting daily functioning and/or progress?

Substance Use

Date of last chemical use and substance used:

Describe member's involvement in treatment:

Current or Post-Acute withdrawal symptoms:

Reported cravings:

Describe frequency and intensity:

What are the main triggers identified for relapse?

Level of family and/or supportive persons involvement during treatment episode:

Housing concerns to address upon discharge:

What specific barriers are currently present, that indicate that the member is not able to step down to a lower level of care to continue work on recovery goals?

What specific changes do you need to see to know that this member is able to step down to a lower level of care?

Aftercare plan:

Signed: _____

Date:

*Attach supporting clinical and treatment plan (such as weekly updates, individual session notes, etc.)