Substance Use Admission Notification Form

Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

For the following admission types only: Inpatient Substance Use Disorder (SUD) Level 4 Detoxification, Acute Treatment Services (ATS) Level 3.7 and Individualized Treatment & Stabilization Services (ITSS).

Please submit the completed form via fax within 48 hours of admission to the appropriate location:

- **Harvard Pilgrim Commercial:** 800-232-0816
- **Tufts Health Direct** and **Tufts Health Together:** 888-977-0776
- **Tufts Health One Care:** 857-304-6304

Today's date: / / Date of request or fax: / / Date of admission: / /

Level of care for which notification is being provided:

☐ SUD Level 4 Detoxification ☐ ATS Level 3.7 ☐ ITSS (*ITSS is not a covered benefit for Direct and Commercial Members*)

Member Information

Member name:

Member ID # Member date of birth: / /

Member address: Member phone:

City: State: ZIP:

Facility Information

Facility name:

Facility address: NPI #

City: State: ZIP:

Facility Case Manager:

Phone: Secure fax:

Presenting problem:

Diagnosis

ICD-10 Alpha Numeric Diagnosis Code from Prior Level of Care: Pregnant: ☐ Yes ☐ No

Treatment Plan *Please include specific detox protocol.*

Aftercare Plan

☐ Outpatient Therapy ☐ Medication Management ☐ Structured Outpatient Addition Program (SOAP)

☐ Community Support Program (CSP) ☐ Level 3.5 post-detoxification step down

☐ Other (*specify*)

Attestation

Signature of clinician completing request Date / /

Harvard Pilgrim Health Plan and Tufts Health Public Plans may contact facility to discuss treatment planning and care coordination as necessary.

For Tufts Health Plan members, call us at 888-257-1985 before the end of the fourteenth day of the service if additional time will be utilized. Please call with questions or requests for additional information.

For Harvard Pilgrim Health Plan members, call us at 888-888-4742 before the end of the fourteenth day of the service if additional time will be utilized. Please call with questions or requests for additional information.