

**AmeriHealth Caritas New Hampshire
Substance Use Disorder (SUD)
Notification of Admission**

Submit to: Utilization Management
Fax: 1-833-469-2264
For assistance, please call: 1-833-472-2264

Date:	Date of admission or service start date:	Estimated length of stay:
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Requested service		
<input type="checkbox"/> Substance use disorder acute detox in a hospital setting Service/rev code:	<input type="checkbox"/> Level 3.7-WM: Medically monitored inpatient withdrawal management Service/rev code:	<input type="checkbox"/> Level 3.5: Clinically managed high-intensity residential Service/rev code:
<input type="checkbox"/> Level 3.3: Clinically managed high-intensity residential (population specific) Service code with modifiers:	<input type="checkbox"/> Level 3.1: Low-intensity residential Service code with modifiers:	<input type="checkbox"/> Level 1-WM: Ambulatory withdrawal management Service code with modifiers:
<input type="checkbox"/> Level 2.5: SUD partial hospitalization Service code with modifiers: Days per week: Total hours per week:		
<input type="checkbox"/> Level 2.1: SUD intensive outpatient program Service code with modifiers: Days per week: Total hours per week:		

Member information		
Name (last, first, MI):		
Date of birth:	Medicaid ID number:	Phone number:
Address:		
Emergency contact:		
Phone number:	Relationship:	
If dependent adult, legal guardian:	Phone number:	
Member DSM diagnosis:		

Provider information	
Facility name:	Facility NPI/tax ID:
Facility address:	
Facility phone number:	Facility fax number:
Utilization Management review contact name:	
Attending physician:	NPI/tax ID: