

# HEALTHCHOICE

3545 N.W. 58th St., Ste. 500, Oklahoma City, OK 73112  
Phone: 1-405-717-8879 or toll-free 1-800-543-6044  
FAX: 1-405-717-8947 or 1-405-717-8935

## SUBSTANCE USE DISORDER TREATMENT REQUEST

**This form must be completed and accompany all requests. Incomplete forms will not be reviewed.**

Billing Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

TIN: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Member: \_\_\_\_\_ Member ID #: \_\_\_\_\_

**DSM 5 diagnosis:**

\_\_\_\_\_  
\_\_\_\_\_

**Stressors:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:**

\_\_\_\_\_  
\_\_\_\_\_

**Brief history of substance abuse:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of previous chemical dependency/psychiatric treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment goals:**

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**Progress in treatment/current status:**

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**Describe the proposed treatment and why you consider it to be medically necessary at this time:**

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**Please indicate types of services, number of sessions, frequency of services, and start and stop dates:**

CPT code \_\_\_\_\_ Number of sessions \_\_\_\_\_ Frequency of sessions \_\_\_\_\_ Start date \_\_\_\_\_

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**Intensive Outpatient Program:**

Number of sessions \_\_\_\_\_ Frequency of sessions \_\_\_\_\_ Start date \_\_\_\_\_ Stop date \_\_\_\_\_

**Select one billing code:** S9480 \_\_\_\_\_ RevCode: 905 \_\_\_\_\_ RevCode: 906 \_\_\_\_\_

Estimated discharge date: \_\_\_\_\_

Discharge plan:

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**Please note: Certification is valid only for covered billing codes. If non-covered codes/items are billed, they will not be covered by the Plan, and will be the member's financial responsibility.**

**If you are requesting a retro review, please list all dates of services and CPT codes you are requesting authorization for below.**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All information on this form is required for review. Information provided is private and confidential.\*\***

**NOTE:** These benefits are applicable only if the patient is eligible for HealthChoice and are subject to **all policy provisions**. Please remember to verify benefits and eligibility by calling 1-405-416-1800 or toll free 1-800-782-5218.

**MEDICARE PATIENTS:** If HealthChoice provides coverage that is supplemental to Medicare, all requested services must first be approved by Medicare.