



HealthChoice

2401 N. Lincoln Blvd., Ste. 300, Oklahoma City, OK 73105
Phone: 405-717-8879 or 800-543-6044, ext. 8879
Fax: 405-949-5459 or 405-949-5501

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 _____

Phone _____ Fax _____

Patient _____ DOB _____

Member _____ Member ID _____

DSM-5 diagnosis

Stressors

Medications

Brief history of substance use

History of previous chemical dependency/psychiatric treatment

Treatment goals

Progress in treatment/current status

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

Please indicate type of services, number of sessions, frequency of sessions, start and stop date

CPT code _____ Number of sessions _____ Frequency of sessions _____ Start date _____ Stop date _____

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Intensive Outpatient Program:

Number of sessions _____ Frequency of sessions _____ Start date _____ Stop date _____

Select one billing code: S9480 _____ RevCode: 0905 _____ RevCode: 0906 _____

Estimated discharge date: _____

Discharge plan:

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

Signature _____ Date _____

**** All information is required for review. Information provided is private and confidential. ****

NOTE: These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator toll-free at 800-323-4314.

MEDICARE PATIENTS: If HealthChoice is the supplemental insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.