

## MA Substance Use Disorder Tufts Health Plan Seven Day Treatment Update Form

Date: _____	Facility Name: _____
Member Name: _____	UM Contact Name: _____
Member ID: _____	UM Contact Phone Number: _____
Facility NPI: _____	

This form is intended for members of Tufts Health Plan Commercial plans.  
**For members of Tufts Health Direct, Tufts Health Together or Tufts Health Unify, please call 888.257.1985.**

Please fill out the sections that apply to the current admission and **fax to 617.673.0302.**

What level of care is the member currently in? **Inpatient:**  **ART:**

**If inpatient, answer questions 1-6. If ART, answer questions 7-10.**

1. How many days has the member been inpatient? \_\_\_\_\_ days
2. What is the detox protocol?  
 \_\_\_\_\_
3. Have there been any complications with detox protocol? Yes  No   
 If yes, Please describe:  
 \_\_\_\_\_
4. Are there medical co-morbidities? If so, please describe:  
 \_\_\_\_\_
5. What is the current treatment and discharge plan for the member?  
 \_\_\_\_\_
6. What is the projected discharge date? \_\_\_\_\_

7. Was this a direct step down from inpatient? Yes  No
8. If Yes, how many days of inpatient care did the member receive? \_\_\_\_ days
9. What is the current treatment and discharge plan for the member? Please describe any barriers to discharge.  
 \_\_\_\_\_
10. What is the projected discharge date? \_\_\_\_\_

Please be aware that not all Massachusetts benefit packages are covered under Chapter 258 (Substance Abuse Law of 2014). Tufts Health Plan does require medical necessity documentation/review for these plans. Not all levels of care are available in member benefit plans. Providers should consult the health plan's coverage policies, member benefits and eligibility for the date(s) of service. Tufts Health Plan reserves the right to review claims that are subject to Coordination of Benefits to determine responsibility for payment. For Tufts Medicare Preferred HMO, except for emergency or urgently needed care, providers must be Medicare participating/approved or Medicare eligible to receive payment for the covered service. All claims are subject to Tufts Health Plan's payment policies in effect on the date of service.