Substance Use Admission Notification Form



Pregnant

Yes

No





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 com	pleted form via fa	x within 48 hours of	f admission to the	e appropriate location:

Harvard Pilgrim Commercial Fax: 800-232-0816

Tufts Health Direct and Tufts Health Together - Tufts Health Together - MassHealth MCO Plan and Accountable Care

Partnership Plans (ACPPs) Fax: 888-977-0776

Tufts Health One Care Fax: 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

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)

Rev. 12/2023

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.