



Out of Network SUD Authorization

H2035 - **Outpatient** SUD Providers not in Minnesota

H2036 – **Residential Treatment** SUD Providers Outside of MN, IA, WI, SD & ND

Providers must submit this form along with a Comprehensive Assessment for authorization.

| | | | | |
|--|-----------|--|------------|------------------------|
| Civil Commitment: <input type="checkbox"/> Yes <input type="checkbox"/> No | | If <u>yes</u> , please submit full court order | | |
| Member Information: | | | | |
| Name: | | Member Current Phone #: | | |
| Address: | | | | |
| ID Number: | | Date of Birth: | | |
| Provider Information: | | | | |
| Facility Name: | | | | |
| Facility Street Address: | | | | |
| Facility City / State: | | Facility Zip: | | |
| NPI Number: | | Tax ID Number: | | |
| Contact Name: | | | | |
| Contact Phone: | | Contact Fax: | | |
| Admit Information: | | | | |
| Admitting Diagnosis Code: | | Admitting Diagnosis Description: | | |
| Admit Date: | | LOS: | | |
| Service Information: | | | | |
| Service Codes | Modifiers | Units | Start Date | End Date |
| | | | | |
| | | | | |
| Discharge Information: *Submit DC Summary | | | | |
| Discharge Date: | | Discharge Diagnosis: | | Discharge Disposition: |

Prior authorization or predetermination confirms medical necessity only and does not guarantee payment. Payment is determined at the time the claim is received and is subject to health plan exclusions and out-of-network benefits. Plan coverage must be in effect for the member at the time services are rendered.

Contact the Provider Contact Center for questions related to claims.