**Peer Recovery Support Services Registration Request Form**

**for Addiction and Recovery Treatment Services (ARTS) and Mental Health**

**Virginia Department of Medical Assistance Services**

Last Updated July 1, 2021

***This form is for requesting services for Managed Care enrolled members.***

***Providers must use Magellan of Virginia Registration form for members enrolled in the fee-for-service benefit available online:*** [***https://www.magellanofvirginia.com/for-providers/provider-tools/forms/***](https://www.magellanofvirginia.com/for-providers/provider-tools/forms/)

***No additional information is required to be submitted with the Registration Form.***

**Request Type:** **[ ]  New** **[ ]  Concurrent**

|  |
| --- |
| **MEMBER INFORMATION** |
| Name:       | Preferred Name:       |  DOB:       |
| Gender:       | Member ID:       |
| Member Phone and Address:       |
| Family or Legally Authorized Representative:       |
| Primary Care Physician:       |
| Name of Health Plan to Submit Registration:       |
| **LICENSED PROVIDER/AGENCY INFORMATION** |
| Licensed Provider/Agency Name:       |  Direct Supervisor Contact:       |
| Licensed Provider/Agency NPI:       | Provider Phone#:       | Provider Fax#:       |
| Provider Email:       | Tax ID#:       |
| Provider Service Address:       |
| Primary Peer Recovery Support Specialist Name:       |
| **Service request Information** |
| Procedure Code(s):ARTS Peer Recovery Support Service: [ ]  T1012 (Individual) [ ]  S9445 (Group) Mental Health Peer Recovery Support Services: [ ]  H0024 (Individual) [ ]  H0025 (Group)  |
| **Maximum 4 hours / day; Maximum 6 months requested at a time****1 unit = 15 minutes** |
| Requested Units:       |  Requested Start Date:       |  Admission Date:       |
| Member’s Primary Diagnosis:       | Member’s Secondary Diagnosis:       |

**PLEASE SEND FORM TO THE DESIGNATED HEALTHCARE PLAN USING THE CONTACT INFORMATION BELOW**

***Providers must use Magellan of Virginia Registration form for members enrolled in the fee-for-service benefit available online:*** [***https://www.magellanofvirginia.com/for-providers/provider-tools/forms/***](https://www.magellanofvirginia.com/for-providers/provider-tools/forms/)

| **CONTACT INFORMATION** |
| --- |
| **Behavioral Health Service Administrator (BHSA)** | **Phone Number** | **Fax Number** |
| **Magellan**Submit via the portal |  (800) 424-4046 | (888) 656-2168 |
| **Medallion 4.0** | **Phone Number** | **Fax Number** |
| **Aetna Better Health**  | (804) 350-0816 | (833) 757-1583 |
| **Anthem Healthkeepers Plus** | (800) 901-0020 | ARTS/MH Peers844-445-6646 |
| **Molina Complete Care of Virginia** | (800) 424-4524 | (855) 769-2116 |
| **Optima Family Care** | (800) 648-8420 (757) 552-7174 | (844) 366-3899(757) 837-4878 |
| **UnitedHealthcare** | (855) 323‐5588 | (855) 368-1542 |
| **Virginia Premier Health Plan** | (855) 214-3822 (toll free)(804) 819-5180 (local) |  (804) 799-5105 |
| **Virginia Premier Kaiser Permanente** | (301) 625-5561 | (855) 414-1703 |
| **Commonwealth Coordinated Care (CCC) Plus** | **Phone Number** | **Fax Number** |
| **Aetna Better Health of Virginia** | (804) 350-0816 | (833) 757-1583 |
| **Anthem Healthkeepers Plus** | (800) 901-0020 | (844) 445-6646 |
| **Molina Complete Care of Virginia** | (800) 424-4524 | (866) 210-1523 |
| **Optima Health Community Care** | (888) 946-1168 | (844) 839-4612(757) 837-4703 |
| **UnitedHealthcare** | (877) 843-4366 | (855) 368-1542 |
| **Virginia Premier Health Plan** | (855) 214-3822 (toll free)(804) 819-5180 (local) | (804) 799-5105 |

**Please Note:** Kaiser Counties and Cities include: Loudon, Prince William, Fairfax, Arlington, Alexandria, Manassas Park, Manassas, Fairfax and Falls Church. Members will have co-branded cards with VP and Kaiser Logo