**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**

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| **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 Peers  844-445-6646 | |
| **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