



**ARTS Peer Support Services
Registration Request Form**

To be completed by Licensed Credential Addiction Treatment Professional or Certified Substance Abuse Counselor (CSAC).

Peer Support Services shall be an ancillary service and shall not impede, interrupt, or interfere with the provision of the primary service setting.

Providers must use Magellan of Virginia Registration form for members enrolled in the Governor's Access Plan (GAP) and fee-for-service benefit available online: <http://www.magellanofvirginia.com/for-providers-va/forms.aspx>

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): <input type="checkbox"/> T1012 (Individual) <input type="checkbox"/> S9445 (Group) | | |
| Maximum 4 hours / day – Maximum 3 months requested at a time. Additional time can be requested as needed. 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 | | |
|---|---|----------------------------------|
| Medallion 3.0 Managed Care Organization | Phone Number | Fax Number |
| Aetna Better Health | (800) 279-1878 | (866) 669-2454 |
| Anthem Healthkeepers Plus | (800) 901-0020 | (800) 505-1193 |
| INTotal Health | (855) 323-5588 | (888)393-8978 |
| Kaiser | (301) 625-6104 (301) 625-6103 (301) 625-6102 | (855) 414-1703 |
| Optima Family Care | (844) 372-8948 (757) 687-6170 | (844) 366-3899 (757) 837-3899 |
| Virginia Premier Health Plan | (800) 727-7536 (toll –free) (804) 819-5151 (local) | (877) 739-1365 |
| Commonwealth Coordinated Care (CCC) Medicare-Medicaid Plan | Phone Number | Fax Number |
| Anthem Healthkeepers Plus | (800)901-0020 | (800)505-1193 |
| Humana Gold Plus Integrated | (855)765-9704 | (855)765-9705 |
| Virginia Premier Complete Care | (800)727-7536 (toll –free) (804)819-5151 (local) | (877) 739-1365 |
| Commonwealth Coordinated Care (CCC) Plus | Phone Number | Fax Number |
| Aetna Better Health of Virginia | (800) 279-1878 | (844) 230-8829 |
| Anthem HealthKeepers Plus | (757) 408-5138 | (855) 626-6483 |
| Magellan 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 | (844) 881-4926 |
| Virginia Premier Health Plan | (804) 819-5151 ext. 55352 | (804) 819-5171 |