



An Anthem Company

<https://providers.amerigroup.com>

### Substance Use Disorders Inpatient Discharge Form

To avoid delays in processing, please fill out this form completely and return it to Amerigroup Washington, Inc. by fax at 1-877-434-7578.

If you have any questions, please contact Provider Services at 1-800-454-3730.

<b>Member information</b>			
Name:			
Amerigroup ID number:		DOB:	
Address:			
City, State:		ZIP code:	
<b>Provider information</b>			
Facility name:			
NPI/TIN:	Phone:		Fax:
Date of admission:		Date of discharge:	
<b>Care Coordination</b>			
Utilization manager (UM):			
UM phone:		UM fax:	
<b>Discharge information</b>			
Discharge address:			
Discharge phone:			
Other contact information (e.g., mobile phone, family member or guardian)?			
Was this discharge against medical advice? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was discharge information sent to the member's PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was discharge plan discussed with the member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If required for a minor, was informed consent for psychotherapeutic medication completed and given to the parent or guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b>Formulary status of discharge medications</b>			
<b>Name</b>	<b>Dosage</b>	<b>Frequency</b>	<b>On formulary</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If needed, has preauthorization been received for all medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
The current <i>Amerigroup Washington, Inc. Formulary</i> can be found at <a href="https://providers.amerigroup.com/WA">https://providers.amerigroup.com/WA</a> under Provider Resources & Documents > Pharmacy > Washington Formulary.		
<b>Risk assessment</b>		
Was member stable at discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
<b>Discharge appointments (must be within seven days)</b>		
PCP name:	In-network <input type="checkbox"/> Yes <input type="checkbox"/> No	
PCP phone:		
Appointment date:		
Appointment time:		
Behavioral health provider name:	In-network <input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioral health provider phone:		
Appointment date:		
Appointment time:		
Other provider name:	In-network <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other provider phone:		
Appointment date:		
Appointment time:		
<b>Additional required documentation:</b>		
<ul style="list-style-type: none"> <li>Discharge summary</li> </ul>		
Provider signature:		
Date:	Phone:	Fax:

Disclaimer: Authorization indicates that Amerigroup determined medical necessity has been met for the requested service(s) but does not guarantee payment. Payment is contingent upon the eligibility and benefit limitations at the time services are rendered.