

SUD Residential Admission & Discharge Notification

Providers within the 5-state area are required to provide notification within 24 hours of admission and discharge from a SUD Residential Facility / Unit.

(5-state are includes: Minnesota, North Dakota, South Dakota, Iowa, and Wisconsin)

Low Intensity
Residential

Medium Intensity
Residential

High Intensity
Residential

Civil Commitment: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes , 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:
Service Code: H2036	Admit Date:	LOS:
History:		
Discharge Information: *Submit DC Summary		
Discharge Date:	Discharge Diagnosis:	Discharge Disposition:

Please submit discharge summary with notification of discharge.

South Country Case Management contacts members after discharge.

Contact the Provider Contact Center for questions related to claims.