

## Suboxone Authorization / Reauthorization Request

>> Incomplete forms may delay authorization <<

**Please fax completed form to the Mental Health Access Center (MHAC) fax number listed below.** Providers may request urgent reauthorization by calling first, then faxing the form. **MHAC Fax: 206-630-1683** / Phone: 206-630-1680  
Mailed forms are accepted as well: Kaiser Foundation Health Plan of Washington, P.O. Box 9009, Renton WA 98057-9859

Practitioner Name / License: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Practitioner NPI: \_\_\_\_\_ Patient Medical Record Number: \_\_\_\_\_

Agency/Group: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Site Address: \_\_\_\_\_ Authorization Start Date Needed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

FAX Number: \_\_\_\_\_

TIN: \_\_\_\_\_ Session type - check one:  Telehealth  In person

**INSTRUCTIONS:** Complete one clinical request form per patient; **all fields must be completed.**

1. Date this episode of care began: \_\_\_\_\_

2. Request:

Code:	Number of units:	
Code:	Number of units:	

3. Patient is current receiving: (check one)  Suboxone detox or  Maintenance

Dose: \_\_\_\_\_ Prescription frequency: \_\_\_\_\_

4. Number of UAs/breathalyzer tests in the year: \_\_\_\_\_ Number of positive: \_\_\_\_\_

Positive for: \_\_\_\_\_

5. Is the patient currently engaged in SUD treatment? (check one)  Yes  No

6. Is there an active SUD ROI for outreach to the patient's physician? (check one)  Yes  No

7. Is there an active SUD ROI for outreach to the patient's mental health provider? (check one)  Yes  No

8. Additional comments:

**CONFIDENTIAL**

This information can be disclosed only with written consent of the person to whom it pertains or is otherwise permitted by such regulations (Uniform Health Information Act Title 70.02)