

Targeted Adult Medicaid Substance Use Disorder Treatment Verification Form for Dental Services

Dental services are available to eligible Targeted Adult Medicaid members who are actively receiving treatment in a substance abuse treatment program. This verification form must be submitted by the University of Utah School of Dentistry to the Utah Medicaid Office of Healthcare Policy and Authorization (OHPA) prior to dental services being provided.

Member Medicaid ID#: _____

Medicaid Member Name: _____

Date of Birth: _____

Effective Start Date: _____

Provider NPI#: _____

1. Has Targeted Adult Medicaid (TAM) member eligibility been verified? Yes No
2. Is the TAM member receiving active treatment in a substance use abuse treatment program? Yes No
3. Has verification that the member is receiving active treatment in a substance abuse treatment program, as defined in Section 62A-2-101, licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities been completed? Yes No

Date verification was completed: _____

Form completed by: _____

Signature: _____

Phone #: _____ Date: _____

Please submit the completed verification form to OHPA

Fax: 801-323-1560

Email: fax_tamdentalservices_prior@utah.gov