Effective October 1, 2025; all claims & prior authorization requests for substance use disorders shall be submitted directly to Advanced Health for processing.

Dates of service prior to 10/1/25 will continue to be submitted to ADAPT for processing.

The prior authorization request form is located on our website at the link below:

https://advancedhealth.b-cdn.net/wp-content/uploads/2023/03/BH-AUTH-FORM-2.2023.pdf

Electronic claims payer ID

837P / CMS 1500 format: DOCSO
837I / UB-04 format: UOCSO

Claims Mailing Address
Advanced Health
Po Box 241866
Apple Valley, MN 55124

Please contact Customer Service at: (541) 269-7400 with any questions.