

# Authorization request for Behavioral Health/Substance Treatment



**Email:** [inpatientnotification@healthchoiceutah.com](mailto:inpatientnotification@healthchoiceutah.com) Date of request: \_\_\_\_\_  
 (Please send email encrypted to protect PHI) No. pages included in this request: \_\_\_\_\_  
**Phone:** 877-358-8797  
**Fax:** 801-758-3380

Our goal is to provide the most appropriate and timely care for our mutual patients. To this end, "Urgent" is defined as: Medical services that are needed in a timely or urgent manner that would subject the member to adverse health consequences without the care or treatment requested. University of Utah Health plans reserves the right to classify Urgent requests as standard requests when this definition is not met.

Patient Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ID# \_\_\_\_\_

Requested Level of Care			
Start Date: _____		End Date: _____	
Anticipated/Expected Length of Stay (Treatment): _____			
<input type="checkbox"/> Inpatient Psychiatric Admission		<input type="checkbox"/> Inpatient Medical Detox /Chemical Dependency	
<input type="checkbox"/> Residential Treatment (Psychiatric/Chemical Dependency)—Number of beds _____			
<input type="checkbox"/> Partial Hospital Program. Member will be attending _____ days a week.			
<input type="checkbox"/> Intensive Outpatient Program. Member will be attending _____ days a week.			
<input type="checkbox"/> Social Detox		<input type="checkbox"/> Outpatient Therapy	
ICD 10	CPT/REV Codes	Units/Visits	Comments

Requesting Physician: \_\_\_\_\_ NPI \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Service Rendering Hospital/Facility: \_\_\_\_\_ NPI: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ Tax ID: \_\_\_\_\_

**Note: Please submit clinical documents with time stamped note, signed by author.**

**Initial Request**

**For all BH admissions requests (if applicable)**

	Inpatient notification to include H&P and all applicable clinical
	Intake Assessment
	COWS/CIWA/PAWS Scores
	Barriers to discharge
	Admission notes from Psychiatrist/Physician (if applicable)
	Any adjustments or titrated medications being used

**Concurrent Review**

**For all BH admissions requests (if applicable)**

	Psychiatrist Note
	All therapy notes for applicable date span
	Any adjustments or titrated medications being used
	Updated treatment plan. Barriers to discharge
	Why does the client continue to need 24-hour monitoring
	Current CIWA/COWS Scores. Craving Score. Anxiety Score.
	Current withdrawal symptoms
	Triggers identified
	Coping skills identified