

Authorization request for Behavioral Health/Substance Treatment



Email: uuhptransition@hsc.utah.edu
(Please send email encrypted to protect PHI)
Phone: 801-587-6480 Option #2
Fax: 801-213-2132

Date of request: _____
No. pages included in this request: _____

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"/> Outpatient Treatment			
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	
Inpatient Admission/Residential Treatment	
	Inpatient notification to include H&P and all applicable clinical
	COWS/CIWA/PAWS Scores
	Barriers to discharge
	Admission note from Psychiatrist/Physician (if applicable)
	Any adjustments or titrated medications being used
	Intake Assessment
	For <u>Out of Network</u> Providers/Programs: Copy of State License
Concurrent Review	
Inpatient Admission/Residential Treatment	
	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