Authorization request for Behavioral Health/Substance Treatment

HEALTH PLANS
UNIVERSITY OF UTAH

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): _____

☐ Inpatient Psychiatric Admission ☐ Inpatient Medical Detox /Chemical Dependency

☐ Residential Treatment (Psychiatric/Chemical Dependency)—Number of beds _____

☐ Partial Hospital Program. Member will be attending_____days a week.

☐ Intensive Outpatient Program. Member will be attending_____days a week.

☐ Social Detox (Medicaid plans only) ☐ 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)	
☐	For all **Out of Network** Providers/Programs: Copy of State License
☐	Inpatient notification to include H&P and all applicable clinical
☐	COWS/CIWA/PAWS Scores
☐	Barriers to discharge
☐	Admission notes from Psychiatrist/Physician (if applicable)
☐	Any adjustments or titrated medications being used
☐	Intake Assessment
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