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, "**Expedited**" 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 Expedited requests as standard requests when this definition is not met.

For a better experience, if you are a contracted provider, we invite you to register to our provider portal. If not, please use our website to submit your request directly.

https://apps.uhealthplan.utah.edu/UHealthPlansForms/Authorization/Create

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:_____

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
☐	Schedule for PHP, IOP and RTC Initial reviews
Concurrent Review	
For all BH admissions requests (if applicable)-Last 7 to10 days	
☐	Psychiatrist Note
☐	All therapy notes for applicable date span
☐	Any adjustments or titrated medications being used
☐	Updated treatment goal plan and treatment plan review
☐	Current CIWA/COWS/PAWS Scores. ASAM Assessment.
☐	Post-Discharge plan
Residential Treatment Review (Adolescences)	
☐	Accommodations for continuing education of school aged members recognized by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board