

Authorization Request for Inpatient, ICF, SNF, Acute Rehab and LTAC



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, please provide the list of documentation listed in page #2 to expedite the review for medical necessity.

Please submit completed request by 3:00 pm to allow enough time for review.

For a better experience, please use our website to submit your request directly.

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

Patient Name: _____ **DOB** ____/____/____ **ID#** _____

Requesting Facility Information

Requesting Facility: _____

Level of Care Requested:

- | | |
|---|--|
| <input type="checkbox"/> Skilled Nursing Facility (SNF)-Level I | <input type="checkbox"/> LTAC- Level I |
| <input type="checkbox"/> Skilled Nursing Facility (SNF)-Level II (Medicaid Excluded) | <input type="checkbox"/> LTAC- Level II (Medicaid Excluded) |
| <input type="checkbox"/> Skilled Nursing Facility (SNF)-Level III (Medicaid Excluded) | <input type="checkbox"/> LTAC- Level III (Medicaid Excluded) |
| <input type="checkbox"/> Skilled Nursing Facility (SNF)-Long term (No therapies) | <input type="checkbox"/> Inpatient Acute Rehabilitation |
| <input type="checkbox"/> Intermediate Care Facility (ICFs) | <input type="checkbox"/> Inpatient Medical Admission |

Admissions Date: _____ **SNF Anticipated Length of Stay:** ☐ < 30days ☐ > 30 days

For Long Term admissions only (Prism Process)-Day of transition to state: _____

Admissions Contact: _____ **Phone:** _____

Concurrent Review Contact: _____ **Phone:** _____

Admissions Fax: _____ **Concurrent fax (if different):** _____

Address: _____

Facility Tax ID: _____ **Facility NPI:** _____

For questions regarding Revenue codes, please refer to your contracts or contact Provider Contracting.

Please notify us immediately if member leaves against medical advice (AMA)

Inpatient Medical Admissions:

	History and Physical (H&P)
	Therapy Notes
	Treatment plan including barriers to discharge
	Case Management notes
	Medication
	Discharge Plan

Maternity admissions: Notification on admission required. No authorization is required if admission follows the 48/96 rule. Authorization is required for extended maternity delivery admissions.

Skilled Nursing Facility, Acute Rehab and LTAC Initial Admissions:

	H&P from hospital
	Current Physical and Occupational Therapy Notes from hospital
	IV Antibiotics start and end date (if applicable)
	Skilled Wound Care (site/measurement/description)
	Denial letter/NOMNC from primary insurance (when applicable)

Skilled Nursing Facility, Acute Rehab and LTAC Concurrent review:

	All therapy notes for applicable date span
	Physical and Occupational Therapy Minutes
	Any adjustments on medication(s) being used
	Updated treatment plan including barriers to discharge
	Discharge Plan

Long Term Care and Intermediate Care Admissions:

	Admission order
	Denial letter from primary insurance or NOMNC (when applicable)