HEALTH PLANS

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): _______________________________________			
☐ Inpatient Admission (Psychiatric/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.			
☐ 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
	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