



Prior Authorization Request Form

Prior authorizations handled by University of Utah Health Plans as administrator for MHC

Submit documents online: <https://uhealthplan.utah.edu/for-providers/box-um.php>

Phone #: 801-587-2851 Fax: 801-281-6121 Email: UUHP_UM@hsc.utah.edu

Our goal is to provide the most appropriate and timely care. 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. MHC reserves the right to classify Urgent requests as standard requests when this definition is not met.

Date of Request: _____ Scheduled Start Date: _____ End Date: _____

Urgent: _____ Routine: _____ Inpatient: _____ Outpatient: _____ Referral #: _____

If Urgent, Give Reason: _____ # of Pages Included: _____

Urgent requests will be completed in 72 hours and standard requests will be completed in 15 calendar days when all required documentation is received. **To provide better patient care and to avoid delays, submit a fully completed form and complete clinical documentation.** Failure to submit required documentation may result in processing delays, closed requests or denial.

Patient name: _____ DOB: _____ ID# _____

Procedures	ICD-10	CPT Codes	Units/Visits	Estimated Costs

Requesting Physician: _____ NPI: _____

Contact Name: _____ Phone #: _____ Fax #: _____

Address: _____

Service Rendering Hospital/Facility: _____ TIN/NPI: _____

Contact Name: _____ Phone #: _____ Fax #: _____

Address: _____

Service Rendering Physician: _____ NPI: _____

Contact Name: _____ Phone #: _____ Fax #: _____

Information Sheet

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Inpatient Admissions	
	Admitting Orders, H&P, ED documentation, Labs, Imaging Results and Medications
Procedure/Imaging Clinical Documentation Needed	
	Physician notes - physical statement, detailed physical exam on affected site, radiological findings, Lab results, specific indication and other pertinent information related to the request
	NSAID usage, physical therapy and all other medical modalities tried - start and end time and the effectiveness of the medication, other modalities, and PT services (for imaging request)
Power or Custom Wheelchair Documentation Needed	
	Current wheelchair type, date of purchase, and purchaser(insurance, private)
	Clinical evaluation by patient's PCP addressing ambulatory ability, prognosis, in LOMN form
	Wheelchair evaluation by PT/OT within 6 months for clients 21 and older; Shriners and primary Children's are affiliates within 3 months for under 21
	Patient skills check list for power chair, Barriers to transport, use/accessibility of residents have been addressed, Repair history of current wheelchair if applicable