



Hospice Request Form

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

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: _____ Submit documents to:
Scheduled Date: _____ <https://uhealthplan.utah.edu/for-providers/box-um.php>
Urgent request/Reasons: _____ Phone #: 801-587-2851 Option 2
of pages included in request: _____ Email: UUHP_UM@hsc.utah.edu

Urgent requests will be completed in 72 hours and standard requests will be completed in 15 calendar days when all required documentation is received. If records are requested and not submitted within 24 hours for urgent requests and within five calendar days for standard requests, the referral will be considered null and void. The provider will then be required to resubmit a new request.

Patient name: _____ **DOB:** _____ **ID#** _____

ICD-10	Home Health Service Code	Number of Units	Frequency	Start Date	End Date

Referring Physician/Agency: _____ Phone #: _____

Contact Name: _____ Fax #: _____

Address: _____

Service Rendering Hospital/ Facility: _____

Service Rendering Physician: _____

Please also submit completed information below for applicable specific service requested:

Initial Request	
	Dr. face to face certification of terminal illness done less than 90 days prior to admission and signed by MD
	Signed Hospice consent/ Patient election
	Skilled nursing admit summary
	Plan of care
	Medical clinical documentation of medical necessity for hospice care
Ongoing Request Starred Items Above Plus	
	Plan of care
	MD term of illness