

Inpatient Intensive Physical Rehabilitation Prior Authorization Request Form

Instructions

- Complete this form fully and legibly. All fields with an asterisk (*) are required.
- For questions, call **(801) 538-6155** or toll free **(800) 662-9651** and select options **3, 3, 4**.
- For policy related to inpatient intensive physical rehabilitation click [here](#).
- Submit the completed form and all supporting documentation for requested service to one of the options below:

Fax: 801-536-0162

Address: Utah Medicaid Prior Authorization

Email: fax_allotherauth_prior@utah.gov

PO BOX 14311

Salt Lake City, UT 84114-3111

Member Information

1. Name (First, Middle Initial, Last):*		2. Medicaid ID#: *
3. Date of Birth:*	4. Age:*	5. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
6. Has eligibility been verified? * https://medicaid.utah.gov/eligibility/ <input type="checkbox"/> No <input type="checkbox"/> Yes		
7. Is the member enrolled in a managed care entity (MCE)?* <input type="checkbox"/> No <input type="checkbox"/> Yes, contact member's MCE		

Provider Information

8. Requesting Provider:*		9. NPI:*
10. Address:*		
11. Contact person:*		12. Phone #:*
13. Contact information: * Fax #: _____ Or Email address: _____		
14. Facility/Clinic Name:		15. NPI:
16. Facility/Clinic Address:		

Request Information

17. Date of submission:*	18. Date of admission:*
19. Total pages:	20. Request a change to a previous PA? * <input type="checkbox"/> No <input type="checkbox"/> Yes, Previous PA#: _____
21. ICD 10 CM Code and/or Diagnosis Description:	

22. Utah DRG*	Code Description*
<input type="checkbox"/> 8800	Spinal injury resulting in paraplegia
<input type="checkbox"/> 8801	Spinal injury resulting in quadriplegia
<input type="checkbox"/> 8802	Traumatic brain injury
<input type="checkbox"/> 8803	Stroke
<input type="checkbox"/> 8804	Other condition

23. Additional Information

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