UTAH DEPARTMENT OF HEALTH MEDICAID

Substance Use Disorder Residential Treatment Services
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, 6**.
- For policy related to Substance Use Disorder Residential Treatment Services click here.
- Submit the completed form and all supporting documentation for requested service to one of the options below:

Fax: 801-323-1587
Email: fax_mentalhealthservices_prior@utah.gov
Address: Utah Medicaid Prior Authorization
PO BOX 14311
Salt Lake City, UT 84114-3111

Member Information

1. Name:*		2. Medicaid ID#:*
3. Date of Birth:*	4. Age:*	5. Gender: ☐ Female ☐ Male
6. Has eligibility been verified?* https://medicaid.utah.gov/eligibility/ ☐ No ☐ Yes		
7. Is the member enrolled in a managed care entity (MCE)?* ☐ No ☐ Yes, contact member's PMHP or substance use disorder provider		

Provider Information

8. Requesting Provider:*	9. NPI:*
10. Address:*	
11. Contact person:*	12. Phone #:*
13. Contact information:* Fax #: Or Email address:	

Request Information

Previous Authorization Information (required if previous authorization is from fee-for-service Medicaid)

14. Previous PA#:	15. Previous PA date range:
16. Request a change to a previous PA?* ☐ No ☐ Yes, Previous PA#: (explain in field 26)	

Current Authorization Information

17. Date of submission:*	18. Requested date(s) of service: *
19. Original date of admission to treatment center:*	
20. Total pages:	21. Date of most recent ASAM:*
22. Is this a retroactive request?* ☐ No ☐ Yes, list reason in comments (Required if "Yes")	
23. Request type:* ☐ Admission (Non-clinical) ☐ Continued Stay (Clinical)	

24. Service*	25. Total days requested*
H0018 – (17 or more beds) Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem (Alcohol and/or drug services).	
H2036 – (16 or less beds) Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem (Alcohol and/or drug services).	

26. Additional Information

Documentation required for continued stay (clinical) authorization (see manual for specific requirements)

a) **ASAM assessment**: Must be completed no more than 7 calendar days prior to the requested PA start date. Include updated ASAM ratings in each dimension and continued service criteria for each dimensions that indicates the need for continued stay in residential treatment.
b) **Updated treatment goal plan and treatment plan review:** Updates to treatment/service plan based on last ASAM
c) **Estimated length of stay**
d) **Post-discharge plan**
e) **Documentation:** Must clearly articulate how the beneficiary meets diagnostic and dimensional admission criteria for the requested level of care found in the ASAM criteria book.