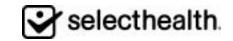
P.O. Box 30192 Salt Lake City, UT 84130 800-538-5038 selecthealth.org



BEHAVIORAL HEALTH-RELATED PREAUTHORIZATION—INITIAL REQUEST

INSTRUCTIONS: Complete the form below, and submit via email (see email addresses at the bottom of the page) with relevant clinical notes and medical necessity information. Once SelectHealth® receives this form, we have **at least 10 days** to make a decision.

For an expedited review, provide the phone number of a person who can immediately discuss the case (not general office or answering service) **AND** include a letter or

documentation from a medical provider explaining how/why the usual time frame would:

- Jeopardize the life, health, or ability to regain maximum function; and/or
- Threaten the member's ability to attain, maintain, or regain maximum function; and/or
- Subject the member to severe pain that could not be adequately managed without the requested services.

Todav's Date / /	Dates of Service/	/ to	/
Contact Name			
Ph# ()_			
mmediate Contact Ph # (required for expe			
	PATIENT INFORMATION	ON	
Patient Name	Date of Birth/	Male ☐ Female ☐ City/State	<u> </u>
Primary Insurer			
Secondary Insurer			
	PROVIDER INFORMAT	ION	
Requesting Provider	NPI#	Ph#()	
Street Address			
Service Provider		•	
Street Address		City/State	
*Medicare members only: Intensive outpatien	t and partial hospitalization do not require CLINICAL INFORMATI		ment is not covered.
Facility	Type of Service	Type of Treatment	
Previous			Dates of Service
		☐ Psych ☐ Substance Use	
Previous Treatment		☐ Psych ☐ Substance Use☐ Psych ☐ Substance Use	
	codes for current behavioral health sy	☐ Psych ☐ Substance Use☐ Psych ☐ Substance Use☐	
Current Symptoms: Provide diagnostic of	·	Psych Substance Use Psych Substance Use mptoms and/or medical complicat	cions from substance use.
Current Symptoms: Provide diagnostic of the How long have these symptoms/complice.	cations been present?	Psych Substance Use Psych Substance Use Substance Use	cions from substance use.
Current Symptoms: Provide diagnostic of the long have these symptoms/compliced Does the patient have any current legal issues.	cations been present? es? Yes	Psych Substance Use Psych Substance Use Substance Use	cions from substance use.
Current Symptoms: Provide diagnostic of the long have these symptoms/compliced Does the patient have any current legal issues.	cations been present? es? Yes	Psych Substance Use Psych Substance Use Substance Use	cions from substance use.
Current Symptoms: Provide diagnostic of the long have these symptoms/complice Does the patient have any current legal issue What is the patient's current job, school	cations been present?es? Yes	Psych Substance Use Psych Substance Use Substance Use mptoms and/or medical complicate ement?	cions from substance use.
Treatment	cations been present?es? Yes No If yes, describe or caregiver status, and living arrange	Psych Substance Use Psych Substance Use Substance Use mptoms and/or medical complicat ement?	cions from substance use.
Current Symptoms: Provide diagnostic of the long have these symptoms/complice Does the patient have any current legal issue What is the patient's current job, school Does the patient currently have support?	cations been present?es? Yes No If yes, describe or caregiver status, and living arrange Yes No If not, why? Yes No If yes, explain	Psych Substance Use Psych Substance Use mptoms and/or medical complicat ement?	cions from substance use.

Submit completed form with relevant clinical notes and medical necessity information via email as follows:

- For Commercial Plans (Large Employer, Small Employer, Self-Funded, and Individual): commercialUMintake@imail.org
- For SelectHealth Community Care (Medicaid) or Children's Health Insurance Program (CHIP): medicaidUMintake@imail.org
- For SelectHealth Advantage (Medicare): medicareUMintake@imail.org