



Mental Health & Substance Use Disorder Inpatient & Residential Authorization Form

FYI *Incomplete, illegible or inaccurate forms will be returned to sender.* Please complete the entire form and submit documentation to support medical necessity along with this request. Failure to provide required documentation may result in denial of request. Review our provider manual criteria references.



For questions, call Mental Health and Substance Use Disorder Services at:
612-676-6533 or 1-833-276-1185



Fax form and any relevant documentation:

Initial Requests & Notifications:
612-884-2033 or 1-855-260-9710



Submit Request: [UCare's Secure Email Site](#)
Initial Requests & Notifications:
MHSUDservices@ucare.org
Concurrent Reviews:
MHSUDConcurrent@ucare.org

Concurrent Reviews:
612-884-2231 or 1-833-770-3933

MEMBER INFORMATION

UCare ID _____ PMI _____
Member Name _____ DOB _____
Address _____
City, State, Zip _____
ICD-10 _____ Phone _____

SERVICING FACILITY INFORMATION

Facility _____ NPI Number _____
Licensed Practitioner/Counselor _____
Service Location Address _____
City, State, Zip _____
Contact Phone _____ Fax _____

☐ **Please Check if an IMD Facility**

REQUESTER INFORMATION

Request Sent By _____ Phone _____
Fax (if different than above) _____ Total Pages Faxed _____
Email _____

MH&SUD Inpatient & Residential (Continued)

SERVICE/PROCEDURE ITEMS REQUESTED

☐ Initial Admission

☐ Concurrent Review (Notification/Authorization Number) _____

Admit Date: _____ Anticipated/Discharge Date: _____

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

ASAM Level of Care (SUD Only): _____ Effective Date of Level of Care: _____

Required only for Residential Facilities

Procedure Code _____ Units/ Days Requested _____

Procedure Code _____ Units/ Days Requested _____

PLEASE SELECT STANDARD OR EXPEDITED REQUEST BELOW

Please note that admission notifications cannot be expedited as no initial review is required for these services.

☒ STANDARD REQUEST

- Medicare and Medical Assistance decision within 10 business days.
- IFP decision within 5 business days.

☐ EXPEDITED REQUEST

- Only request an urgent/emergent review if waiting for the standard review time frame would potentially jeopardize the member's health, life, or ability to regain function.
- Medicare and Medical Assistance decision within 72 hours.
- IFP decision within 48 hours, including 1 business day.
- Billing and retrospective authorizations are not expedited.

1. Proposed date of service: _____

- Billing and retrospective authorizations are not expedited.

2. Clinical reason for urgency (**unrelated to scheduling issues**):

3. Provide a contact name and number available for this request:

- Due to the expedited processing time, please ensure that the designated contact is readily accessible should further information be required.

MH&SUD Inpatient & Residential (Continued)

RECOMMENDED DOCUMENTATION

Confirm service and attach the following documents, if applicable:

☐ **Adult Residential Crisis Stabilization (RCS)**

- Crisis Assessment, Crisis Stabilization Plan, Discharge Plan and Referrals made, Medication Administration Record, Daily Progress Notes, and Discharge Summary (if applicable)

☐ **Children's Mental Health Residential Treatment**

☐ **Admission:** Diagnostic Assessment, County Juvenile Screening Document or 3rd Path Information, Court Documents (if applicable), and Individual Treatment Plan (ITP) (if complete)

☐ **Concurrent Review:** Individual Treatment Plan (ITP) and Progress Notes from past 30 days

☐ **Inpatient Mental Health or Substance Use Disorder (SUD) Admission**

- Notice of Admission (authorization not required for claims payment)
- Discharge Summary (when applicable)

☐ **Intensive Residential Treatment Services (IRTS)**

- Diagnostic Assessment; Functional Assessment, Individual Treatment Plan (ITP), Medication Administration Record; Level of Care Assessment; Progress Notes from past two weeks, Documentation of Treatment Coordination and Aftercare Planning, and Court Documents (if applicable)
- Documentation supporting medical necessity for exceeding standard treatment limitations
- Additional documentation needed for Eating Disorder Residential: History and Physical (H&P)

☐ **Psychiatric Residential Treatment Facility (PRTF)**

☐ **Admission:** Notice of Admission

☐ **Concurrent Review:** Diagnostic Assessment, Individual Treatment Plan (ITP), Documentation of Treatment Coordination and Aftercare Planning, Medication Administration Record, Progress Notes from past two weeks, Discharge Summary (when applicable), and Court Documents (if applicable)

☐ **Substance Use Disorder (SUD) Residential Treatment**

☐ **Admission:** Notice of Admission

☐ **Initial Concurrent Review:** Comprehensive Assessment, Individual Treatment Plan (ITP), and Court Documents (if applicable)

☐ **Subsequent Concurrent Reviews:** Treatment Plan Review (TPR); if not integrated into TPR include Documentation of Treatment Coordination, Aftercare Planning, and/or Documentation of SUD-MOUD; and Discharge Summary (when applicable)

☐ **Withdrawal Management**

☐ **Admission:** Notice of Admission

☐ **Concurrent Review:** Comprehensive Assessment, Initial Stabilization Plan, Progress Notes, Withdrawal Scales (COWS, CIWA, etc.), Medication Administration Record (MAR), Documentation of Treatment Coordination, Physician Exam (if applicable), and Discharge Summary (when applicable)

ADDITIONAL INFORMATION

Please include any additional information that may support medical necessity:

UCare Case Managers may assist in the coordination of services to provide the quality care that is customized accordingly to aid members to their recovery.