



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 Requests: [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 Medicaid 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 timeframe would potentially jeopardize the member's health, life, or ability to regain function.
- Medicare and Medicaid 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 and Comprehensive Assessment

Concurrent Review: Treatment Plan Review (TPR); if not integrated into TPR include: Individual Treatment Plan (ITP), Documentation of Treatment Coordination, Aftercare Planning, and/or Documentation of SUD-MOUD; Discharge Summary (when applicable); and Court Documents (if 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.