



# HEALTH PLANS

UNIVERSITY OF UTAH

2019

## Hospice Request Form

For a better experience, complete your request here: <https://app.secure.uuhsc.utah.edu/umHealthPlans/main>

Or you may fax your request: 801-213-1358. Please include this document at the front of your submission.

Our goal is to provide the most appropriate and timely care for our mutual patients. To this end, "Urgent" is defined as: Medical services that are needed in a timely or urgent manner that would subject the member to adverse health consequences without the care or treatment requested. University of Utah Health Plans reserves the right to classify Urgent requests as standard requests when this definition is not met.

Date of Request: \_\_\_\_\_ Scheduled Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Routine: \_\_\_\_\_ Urgent: \_\_\_\_\_ If urgent, give reason: \_\_\_\_\_

Number of pages: \_\_\_\_\_ Referral #: \_\_\_\_\_

Urgent requests will be completed in 72 hours and standard requests will be completed in 14 calendar days when all required documentation is received.

**To provide better patient care and to avoid delays, submit a fully completed form and complete clinical documentation.** Failure to submit required documentation may result in processing delays, the inability to establish medical necessity, and possibly a denial.

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID# \_\_\_\_\_

ICD-10	Home Health Service Code	Number of Units	Frequency	Start Date	End Date

Referring Physician/Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Service Rendering Hospital/ Facility: \_\_\_\_\_

Service Rendering Physician: \_\_\_\_\_

Please also submit completed information below for applicable specific service requested:



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<b>Initial Request</b>	
	Dr. Face to face Certification Terminal Illness done less that 90 days prior to admission Signed by MD
	Signed Hospice consent/ Patient election
	Skilled nursing admit summary
	Plan of Care
	Medical clinical documentation of medical necessity for Hospice Care
<b>Ongoing Request Starred Items Above Plus</b>	
	Plan of Care
	MD term of illness

Please access the links below for Medicaid forms, Manuals, and Criteria.  
<http://health.utah.gov/Medicaid/provhtml/forms.htm>  
<http://health.utah.gov/Medicaid/manuals/directory.php>  
<http://health.utah.gov/Medicaid/pa/index.html>