

Utah Medicaid Prior Authorization Request for Hospice Services

Hospice Provider Name:	
NPI Provider Number:	
Initial Hospice Admission Date: (No matter the funding source)	
Is the client Medicaid eligible upon initial admission?	<input type="checkbox"/> Yes (Submit <u>this form</u> and a copy of the <u>signed election statement</u> and <u>physician certification statement</u> to Medicaid within 10 calendar days. If this form is not received timely, Medicaid will not reimburse for hospice services rendered prior to the date the PA request is received.)
	<input type="checkbox"/> No (Complete <u>this form</u> & attach copies of the <u>initial plan of care</u> , <u>physician certification statement</u> and <u>signed election statement</u> but DO NOT submit anything to Medicaid until after client becomes Medicaid eligible. Medicaid will then require all three documents when determining post payment authorization.)
Who Signed the Election Statement?	<input type="checkbox"/> Client <input type="checkbox"/> Legal Representative as defined in R414-14A
Client's Name:	Last: _____ First: _____
Medicaid ID Number:	
Client's Social Security Number:	
Client's Date of Birth:	
Diagnosis(es) Description: (Not codes)	
Date of Physician Certification Statement:	
Physician:	Last: _____ First: _____
Hospice Contact Person:	
Contact Person Phone Number:	
Date of Retro Medicaid Eligibility:	
Nursing Home or ICF/ID Name:	
Hospice Benefit Requested:	<input type="checkbox"/> Routine <input type="checkbox"/> Room & Board <input type="checkbox"/> Other _____
Prior Auth Effective Dates:	_____ to _____ PA # _____
	_____ to _____ PA # _____
Discharge date: ____/____/____ <ul style="list-style-type: none"> • Call in to: 801-538-6634 • Or fax to: 801-536-0157 	Date of death: ____/____/____ Date client revoked: ____/____/____ (Send a copy of the revocation form signed by the client or legal representative.)

Please note: This form is effective January 2012. No other forms will be accepted after this date. The Department will not accept PA request forms that have been modified in any way.