



**INSTRUCTIONS:** Complete the form below, and submit via email (see email addresses at the end of this form) with relevant clinical notes and medical necessity information. Once Select Health receives this form, we have these decision days to make a benefit determination (unless an expedited review is requested):

- **For Commercial Plans:** 14 days (Utah), 2 business days (Idaho & Nevada), 5 business days (Colorado)
- **For Medicare/Medicaid:** 7 days (All States)
- **For Biomarker Testing:** 72 hours (Standard), 24 hours (Expedited)

**This request is (check one):**                      **NON-URGENT**                      **URGENT\***

**IF you checked "URGENT,"** please provide the phone number of a person who can immediately discuss the case (not general office number or answering service) **AND** include a written explanation from a medical provider detailing how/why the usual days (see above) would:

- Jeopardize the life or health of the member; and/or
- Threaten the member's ability to regain maximum function; and/or
- Subject the member to severe pain and inadequate management of the member's medical condition.

**Immediate Contact Area Code and Ph # (complete ONLY if expedited request)**

\* Scheduling issues DO NOT meet criteria for "URGENT."

Today's Date    Dates of Service    to

Contact Name    Email

Ph #    Fax#

## PATIENT INFORMATION

Patient Name    Date of Birth (mm/dd/yr)

City/State

Primary Health Insurance    ID#    Plan

Other Health Insurance    ID#    Plan

## PROVIDER INFORMATION

**Requesting Provider**    NPI#    Area Code/Ph#

Complete Address

**Service Provider**    NPI#    Area Code/Ph#

Complete Address    Tax ID#

**Service Facility**    Inpatient                      Outpatient                      Office                      Home                      Other

If other, please specify:

Complete Address    Tax ID#

Area Code/Ph#    Service Facility NPI

**REQUESTED PROCEDURES AND/OR SERVICES**

If you need more codes authorized, please attach a separate form.

| Diagnosis Code | CPT/HCPCS Code | # Units/<br>Visits | Genetic Testing Unit (GTU) | Test Name/<br>Number |
|----------------|----------------|--------------------|----------------------------|----------------------|
|                |                |                    |                            |                      |
|                |                |                    |                            |                      |
|                |                |                    |                            |                      |
|                |                |                    |                            |                      |
|                |                |                    |                            |                      |

Concert Genetics unique 5-character identifier

**DOCUMENTATION SUBMISSION**

For medical requests, submit completed form with relevant clinical notes and medical necessity information as follows:

- For Commercial Plans (Large Employer, Small Employer, Self-Funded, Individual): [commercialUMintake@imail.org](mailto:commercialUMintake@imail.org); fax 801-442-0825
- For Select Health Community Care<sup>®</sup> (Medicaid/CHIP): [medicaidUMintake@imail.org](mailto:medicaidUMintake@imail.org); fax 801-442-0625
- For Select Health Medicare: [medicareUMintake@imail.org](mailto:medicareUMintake@imail.org); fax 801-442-0302

**NOTE: For ALL drug requests,** complete the online form at [selecthealth.org/pa](https://selecthealth.org/pa) (all lines of business), or send by fax to 801-650-3279 (Commercial), 866-811-4997 (Community Care), or 801-650-3170 (Medicare).

Reduce turnaround time for preauthorization requests by using the online Preauth & Care Plan Tool. Some requests even qualify for auto-approval. To learn more, email [web.preauth.support@selecthealth.org](mailto:web.preauth.support@selecthealth.org) or visit [selecthealth.org/providers/preauthorization/preauth-care-tool](https://selecthealth.org/providers/preauthorization/preauth-care-tool).

