



UM Department Request Form - Highmark

Today's Date: ____/____/____

Authorization # _____

Patient Name: _____

Patient ID # _____

Practitioner Name: _____

Instructions:

1. Use the UM Department Request form to request end date extensions, start date adjustments, peer-to-peer discussions, provider appeals, and/or voiding a request. Please fill out the top portion of the form in its entirety.
2. Please fax this form to WholeHealth Networks, Inc. (WHN) @ **888-492-1029**
3. Please complete **one section only** and check appropriate box prior to submission.
4. If you have any questions, please call WHN @ **866-656-6072**

Request for Extension of Authorization End Date: 10 Days 20 Days 30 Days

To request an extension of the treatment timeframe (**end date**) on visits previously authorized but not yet utilized.

Please Note: One (1) date extension will be considered per episode of care with a maximum of thirty (30) days. Request must be received within 60 days from the authorization end date.

Request to Void Authorization Request:

Request for Peer-to-Peer Discussion:

To request a discussion of the outcome of a clinical review completed by the peer reviewer who made the determination. [Not available for Medicare Preauthorizations] This is not considered a formal appeal. A reviewer will be available to discuss the case within one (1) business day of receipt of the request. Please provide a phone number and the best day and time to reach you.

Phone number: _____

Best days & times to call: (Option 1) _____ / _____ (Option 2) _____ / _____
Day Time Day Time

Please Note: When requesting a Peer-to-Peer Discussion, please be sure to include TWO (2) best call times. The times provided are not a guaranteed time for call; the WHN peer reviewer will attempt to accommodate the options for the call to your office. Also, see determination letter we previously sent for time limits to file your request.

Practitioner Appeal of a Medical Necessity Determination:

If you disagree with a medical necessity review outcome, you may have the right to request an appeal. A peer reviewer other than the one who made the original determination will review the file. You may provide additional information to support your request.

Please Note: For appeals of Medicare preauthorization determinations, please contact Highmark directly.