

Prior Authorization and Continued Stay Review Form for Psychiatric Hospitals and Sub-Acute Facilities

Instructions: Fax completed forms and required documents to HCA at **480-760-4732**. Providers are required to fill out this form completely and send documentation with request. <u>Receipt of authorization is not a guarantee of payment.</u>

Date of Request:	Facility Name:		NPI:			
Request Type: ☐ Non-Emergency Admission ☐ Initial ☐ Concurrent		☐ Discharge Notification				
Other Health Insurance:	N Carrier:					
Court Order Evaluation Y N	Dates of COE:		Other Agencies:	DDD	DCS	APS
Attending Physician:	Cell Phone:		Email:			
Concurrent Review Contact:		Phone:	Email:			
FAX:						
Contact for D/C planning:		Phone:	Email:	;		
Member Name:		AHCCCS ID:	С	OOB:		
Date of Admission:	Admission Diagnosis (ICD-10):					
Date of Discharge:	Discharge Diag	gnosis (ICD-10):				

Required Documentation for each request.

For non-emergency admissions from Health Homes: Psychiatric Evaluation/ notes; Medication records.

Initial review required documents: Eligibility Verification Document, *CON, Face sheet, Initial Assessment, Attending Physician current assessment, other relevant information establishing medical necessity and Medication Reconciliation Form if applicable.

Concurrent review: Attending Physician current assessment, Nursing notes; Medication records (updated) *Treatment plan with tentative discharge disposition, *Comprehensive Psychiatric Evaluation, Social services notes or D/C planner notes, ASAM if applicable, RON if applicable.

Discharge notification (submitted within one business day): Patient discharge instructions and/or discharge summary with date of discharge. (When discharge notification is received authorization letter is generated.)

(*) Only one per stay required. CON may be submitted with concurrent review or discharge