

**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. Receipt of authorization is not a guarantee of payment.

<b>Date of Request:</b>	<b>Facility Name:</b>	<b>NPI:</b>
<b>Request Type:</b> <input type="checkbox"/> Non-Emergency Admission <input type="checkbox"/> Initial <input type="checkbox"/> Concurrent <input type="checkbox"/> Discharge Notification		
<b>Other Health Insurance:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>Carrier:</b>		
<b>Court Order Evaluation</b> Y    N	<b>Dates of COE:</b>	<b>Other Agencies:</b> DDD    DCS    APS
<b>Attending Physician:</b>	<b>Cell Phone:</b>	<b>Email:</b>
<b>Concurrent Review Contact:</b>	<b>Phone:</b>	<b>Email:</b>
<b>FAX:</b>		
<b>Contact for D/C planning:</b>	<b>Phone:</b>	<b>Email:</b>

<b>Member Name:</b>	<b>AHCCCS ID:</b>	<b>DOB:</b>
<b>Date of Admission:</b>	<b>Admission Diagnosis (ICD-10):</b>	
<b>Date of Discharge:</b>	<b>Discharge Diagnosis (ICD-10):</b>	

**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*