



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.

Date of Request:	Facility Name:	NPI:
Request Type: <input type="checkbox"/> Non-Emergency Admission <input type="checkbox"/> Initial <input type="checkbox"/> Concurrent <input type="checkbox"/> Discharge Notification		
Other Health Insurance: <input type="checkbox"/> Y <input type="checkbox"/> 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:	DOB:
Date of Admission:	Admission Diagnosis (ICD-10):	
Date of Discharge:	Discharge Diagnosis (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*