

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

Instructions: **Fax completed form and required documents to 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:
Health Choice Pathway	Health Choice AZ	ACA StandardHealth with Health Choice
Other Health Insurance:	Y N	Carrier:
Request Type:	Non-Emergency Admission	Initial
	Concurrent	Discharge Notification
Court Order Evaluation (COE):	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:	Member ID/AHCCCS ID:
DOB:	Group #:
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, 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 generate)

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