

NOTICE: Admission Notification Reminder

August 21, 2023

Dear provider,

As a reminder, all non-emergency hospital admissions for Inpatient Acute, Rehabilitation, Long Term Acute Care, Skilled Nursing Facilities, Hospice, Observation, Psychiatric Inpatient/Subacute, Level I Behavioral Health Inpatient Facilities for underage 21, Behavioral Health Residential Facilities (BHRF), Therapeutic Foster Care for Children (TFC), and Adult Behavioral Health Therapeutic Homes, require notification.

All facilities must notify BCBSAZ Health Choice and obtain an authorization prior to or at the time of ALL admissions. In the event acute hospitalization is required to evaluate and stabilize an Emergency Medical Condition, BCBSAZ Health Choice must be notified of the admission within one (1) calendar day of emergent member presentation by faxing to the Inpatient Notification Fax Number: (480) 760- 4732.

NOTE: For pre-planned, medically reviewed and/or prior-authorized admissions, the facility must notify via fax, at the time of admission to activate the authorization number when the member presents for admission to the facility.

BCBSAZ Health Choice will request medical information and/or records to assist in deciding the appropriateness of the admission and level of care based on the clinical criteria. If the information is not received within a 24-hour period, the request will be administratively denied for lack of medical information. For concurrent reviews, the request will be made twice over a 48-hour period. If the information is not received within that timeframe the continued stay will be administratively denied for lack of medical information. All hospital outpatient services listed on the prior authorization grid require a prior authorization. [NCQA 2023 HPA UM 6A, UM 6B].

NOTE: All Outpatient Procedures must be performed at an in-network Ambulatory Surgical Center (ASC). Claims from locations other than an ASC will not be reimbursed without an authorization. BCBSAZ Health Choice will consider Prior Authorization requests for “medical necessity exceptions” where the provider believes a case must be performed in the hospital outpatient setting.

BCBSAZ Health Choice needs the following information in order to efficiently process an admission notification:

- Member Name
- Date of Birth
- Member ID
- Diagnosis
- Day and Time Admitted
- Medical Record Number
- Facility, including TIN or NPI
- Fax Number for Facility
- Admit type (e.g. Inpatient, Observation, Maternity, Behavioral Health)
- Face Sheet, if available.

We appreciate your continued commitment to ensuring the provision of effective and efficient care for our members.

To view this notice for embedded links and content specific to education-related material, please visit us online at [BCBSAZ Health Choice \(healthchoiceaz.com\)](https://healthchoiceaz.com) under our “For Providers” tab.



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