BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Quick guide to inpatient notification and authorization requirements

NON-EMERGENCY ADMISSIONS		
Type of Benefit Plan	**Prior Authorization**	**Post-Admission Notification**
AZ Blue Commercial Group and Individual Plans	Required only for admissions related to codes on the AZ Blue Standard prior authorization requirements list	Required within 48 hours: • Fax the face sheet to 1-844-263-2272 • Call 602-864-4320 or 1-800-232-2345
Certain Self-Funded Group Plans (prefixes PXO, SWB, SNK, SYD, S3Z, TYW)	Required for all non-emergency admissions except maternity admissions	
Federal Employee Program® (FEP®) Plans	Precertification or prior approval required for all non-emergency admissions except maternity admissions for a routine delivery (stays longer than 48 hours after vaginal delivery or 96 hours after cesarean require precertification of the additional days)	Required within 48 hours: Call 602-864-4102 or 1-800-345-7562
Medicare Advantage Plans (administered by AZ Blue)	Required only for admissions related to codes on the AZ Blue Medicare Advantage prior authorization requirements list	Required within 24 hours: • Fax: Use the MA Request Fax Form • Call 1-800-446-8331
BlueCard® (Out-of-Area) Plans	Call the number on the back of the ID card (UM is administered by the member's Blue Plan)	
TPA-Administered Group Plans	Call the number on the back of the ID card (UM is administered by the group's TPA)	

TRANSFERS TO DIFFERENT LEVELS OF CARE		
Type of Transfer	**Prior Authorization**	**Post-Admission Notification**
Observation → Inpatient	N/A	Required (see above for time frame and notification options by type of plan)
Acute Care → Post-Acute Care	Required	
Acute Care Facility → Another Acute Care Facility (for the same or lower level of care)	Required	
Different Levels of Care (within the same facility)	N/A	N/A