



An Independent Licensee of the Blue Cross Blue Shield Association

Inpatient Notification and Authorization Requirements – Quick Guide

| NON-EMERGENCY ADMISSIONS | | |
|---|---|---|
| Type of Benefit Plan | Prior Authorization | Post-Admission Notification |
| AZ Blue Commercial Group and Individual/Family Plans | Required only for admissions related to codes on the AZ Blue Standard prior authorization requirements list | Required within 48 hours: <ul style="list-style-type: none"> 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 (prefix R) | 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 HMO and PPO 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: <ul style="list-style-type: none"> Fax: Use the MA Request Fax Form Call 1-800-446-8331 |
| Medicare Advantage HMO Plans (attributed to OptumCare Arizona or Arizona Priority Care) | Required within 24 hours: <ul style="list-style-type: none"> For OptumCare Arizona: Go to https://providers.optumcaremw.com or call 1-877-370-2845 For Arizona Priority Care: Fax 480-499-8779 or call 480-499-8720 | |
| 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 (prefixes K8Y, K8Z, NBT, and PTP) | 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 |

OptumCare Arizona and Arizona Priority Care are separate, independent companies, contracted with AZ Blue to provide services to attributed AZ Blue Medicare Advantage HMO members and AZ Blue network providers.

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