

Prior Authorization and Continued Stay Request Form for Mental Health and Subacute Facilities

NPI:

Instructions: <u>Fax completed form and required documents to HCA at 480-760-4732</u>. Providers are required to fill out this form completely and send documentation with request. <u>Receipt of authorization is not a guarantee of payment.</u>

Facility Name:

Pathways	Pathways Health Choice		ACA StandardHeal			Health with Health Choice
•						
Other Health Insurance:		Y		N	Carrier:	
Request Type: Non-Emergency Adm			nission			Initial
Concurrent					Discharge Notification	
Court Order Evaluation (COE): Y		Υ	N	N Dates of COE:		COE:
Other Agencies:	DDD	DCS			APS	
Attending Physician:				Cell Phone:		
Email:						
Concurrent Review Contact:				Phone:		: Fax:
Email:						
Contact for D/C Planning:				Phone:		:
Email:						
Member Name:			Member ID/AHCCCS ID:			
DOB:					Group #:	
Date of Admission:			Adı	miss	ion Dia	agnosis (ICD-10):
Date of Discharge:			Discharge Diag			gnosis (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.

Date of Request: