

Policy Form 1101.3
TRBHA PRIOR AUTHORIZATION REQUEST FORM

INSTRUCTIONS

- A. This form is completed by the TRBHA staff prior to admission as follows:
- **For non-emergency admissions**, this form is completed prior to admission, 8:00 a.m. to 5:00 p.m. Monday through Friday or within 24 hours of an admission (for requests made after 5:00 p.m. Monday through Friday).
 - **For emergency admissions**, this form is completed for persons age 21 or older, within 72 hours of admission; and for persons under the age of 21, within 14 days of admission.
- B. The form is faxed to ADHS/BQ& I at **(602) 364-4697**. ADHS/BQ& I completes Section II of the form and returns the form to the TRBHA staff.

Section I (to be completed by TRBHA staff)

Client Name: _____ Date of Birth: / /

Client ID #: _____ TRBHA Name: _____

AHCCCS ID #: _____ TRBHA Staff: _____

Diagnosis *(Must be numeric value per ICD 9 criteria)*: _____

Proposed Placement: _____

Provider Name: _____ Provider ID #: _____

Date of Admission: _____ Length of Stay: _____

Requested Service Dates: From: / / To: / /

Service Code: _____

Type of Service Requested: Acute Hospital/Inpatient Sub-acute
 Behavioral Health Inpatient Facility (formerly RTC)
 Behavioral Health Residential Facility HCTC

Program Type: GMH SMI Child/Adolescent Drug/Alcohol

TRBHA Staff Signature: _____ Date: / /

Section II (to be completed by ADHS/BQ& I)

Action: Approved Denied

If denied, explain (cite specific criteria not met): _____

Approved Length of Stay: _____ Approved Service Dates: _____

Authorization Number: _____

Authorized ADHS/BQ& I Signature: _____ Date: / /