

Form Instructions: Complete the form fields and follow the clinical information and claim instructions below.

Today's Date:

Member First Name

Member Last Name

Member ID

Date(s) of Service From:

To:

Service Type:

Behavioral:

Medical:

Pharmacy:

Retrospective Review Request Reason: Provide explanation why pre-service authorization was not obtained prior to services being rendered and/or lack of notification for an emergency inpatient admission.

Clinical Information Instructions: See suggested information to support medical necessity for a service type. Inpatient medical admissions require only the information to validate the admission medical need. Review the B - UHP provider manual for Behavioral Health clinical information parameters for retrospective review requests.

Medical

- History & physical
- Progress notes
- ED report
- Consultation note (i.e. for Cont airway pressure device)
- Recent diagnostics (imaging, labs, procedure report(s), treatment note(s))
- Operative/procedure report
- Home evaluation for DME
- Current Certificate of Medical Necessity (CMN)

Behavioral Health

- Certificate of Need (CON)
- Psychiatric evaluation and MD progress notes
- Treatment plan
- Therapy notes
- Medication history
- Labs/procedure note(s) (i.e., ECT)
- Legal documentation of court ordered evaluation with dates of initiation and completion of court ordered period

Pharmacy

- Clinical notes with diagnosis, rationale for treatment
- Medication administration record/med frequency
- Step therapy efforts
- Relative lab/diagnostic results

Claim Submission Instructions: Send your claim(s) and attachments to the correct Health Plan mail drop. Submit documents in this order: Claim → Retrospective Review Request Form → supporting medical necessity documents. If applicable, batch each claim with corresponding attachments followed by the next claim and attachments.

Banner – University Family Care / AHCCCS Complete Care (B – UFC/ACC)

P.O. Box 35699
Phoenix, AZ 85069-7169
Electronic ID: 09830

Banner – University Family Care / Arizona Long Term Care System (B – UFC/ALTCS)

P.O. Box 37279
Phoenix, AZ 85069
Electronic ID: 66901