

Steward Health Care of Arizona Request for ECT Electroconvulsive Therapy

Instructions: Forms must be typed. Fax completed forms and required documents to SHCA BH Medical Management Department: HCH.HCICauthorization@steward.org. or 1-855-408-3401

Date of Request:	Type of Request:	Initial	Concurrent
Location	Inpatient	Outpatient	
Request for Maintenance Treatment			
ECT Facility:	AHCCCS ID		
Number of Treatments Requested:	Frequency:		

Member Name:	Age:	Gender:
AHCCCS ID:	DOB:	
Behavioral Health Home:		
Requestor(s):	Phone Number	
Email		
Treating BHMP Name:	Phone Number	
Email		

Member AHCCCS ID:

ICD-10 Code and narrative (Complete for initial and continued stay request):

1. Code: Narrative:

2. Code: Narrative:

3. Code: Narrative:

Provide an explanation of why ECT is the best course of treatment at this time?

What medications have been tried and failed?

Member AHCCCS ID:

Medical Conditions:

Previous ECT Treatment: **Yes** **No**

Dates and response:

For continued request, please indicate progress member has made since the start of ECT and current services member is receiving?

Member AHCCCS ID:

Current medications

Medication	Dose	Frequency

BHMP Signature:

Date:

Standard request: For standard requests for prior authorization services, a decision must be made as expeditiously as the member’s health condition requires, but not later than fourteen (14) calendar days following the receipt of the authorization request, with a possible extension of up to fourteen (14) calendar days if the member or provider requests an extension, or if the SHCA justifies a need for additional information and the delay is in the member’s best interest. **Expedited request:** An expedited authorization decision for prior authorization services can be requested if SHCA or provider determines that using the standard timeframe could seriously jeopardize the member’s life and/or health or the ability to attain, maintain or regain maximum function. SHCA must make an expedited authorization decision and provide notice as expeditiously as the member’s health condition requires but no later than 72hr. following the receipt of the authorization request, with a possible extension of up to fourteen (14) calendar days if the member or provider requests an extension, or if SHCA justifies a need for additional information and the delay is in the member’s best interest.

Authorization is not a guarantee of payment.