



POLICY 410 – ATTACHMENT D -
AHCCCS VERIFICATION OF DIAGNOSIS BY CONTRACTOR FOR A
PREGNANCY TERMINATION

MEMBER NAME	AHCCCS ID#
DATE OF BIRTH	CONTRACTOR NAME

The Contractor shall make every reasonable effort to contact the provider to confirm the qualifying diagnosis/condition within 24 hours of receiving the prior authorization request for a pregnancy termination. Except for circumstances beyond the control of the Contractor, a failure to confirm the diagnosis/condition within 24 hours may result in corrective actions and/or Administrative Action by AHCCCS.

Requesting Provider is the provider confirming the qualifying diagnosis/condition via the following:

- Laboratory Results
- Diagnostic Testing Results
- Written Provider Consultation Report

When Requesting Provider is NOT the provider confirming the qualifying diagnosis/condition, the Contractor shall contact and request documentation from the provider that determined the member had the qualifying diagnosis condition. The Contractor requested and received the following:

- Laboratory Results
- Diagnostic Testing Results
- Written Provider Consultation Report

PROVIDER INFORMATION

NAME OF PROVIDER CONTACTED	TELEPHONE NUMBER
FACILITY/PRACTICE NAME	ADDRESS

An authorization decision shall be made after contact is made with the provider that determined that the member had the qualifying diagnosis/condition and the supporting documentation has been received.

NAME OF CONTRACTOR REPRESENTATIVE COMPLETING VERIFICATION	
SIGNATURE	DATE