arizona complete health™
Complete Care Plan

INPATIENT MEDICAID
PRIOR AUTHORIZATION FORM

Standard Requests: **Fax** 855-764-8513
Behavioral Health Requests: **Fax** 844-918-1192

☐ **Standard requests -** Determination within 14 calendar days of receiving all necessary information.

☐ **Urgent requests -** Expedited Request -I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

*Indicates Required Field

MEMBER INFORMATION

*Date of Birth

(MMDDYYYY)

*Medicaid/Member ID

Last Name, First

REQUESTING PROVIDER INFORMATION

*Requesting NPI

*Requesting TIN

Requesting Provider Contact Name

Requesting Provider Name

Phone

*Fax

SERVICING PROVIDER / FACILITY INFORMATION

↳ ☐ Same as Requesting Provider

*Servicing NPI

*Servicing TIN

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

AUTHORIZATION REQUEST

*Primary Procedure Code

(CPT/HCPCS)   (Modifier)

Additional Procedure Code

(CPT/HCPCS)   (Modifier)

*Start Date *OR* Admission Date

(MMDDYYYY)

*Diagnosis Code

(ICD-10)

Additional Procedure Code

(CPT/HCPCS)   (Modifier)

Additional Procedure Code

(CPT/HCPCS)   (Modifier)

Discharge Date (if applicable) otherwise
Length of Stay will be based on Medical Necessity

(MMDDYYYY)

Additional Diagnosis Code

(ICD-10)

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*INPATIENT SERVICE TYPE (Enter the Service type number in the boxes)

490	Boarder Baby
779	C-Section Delivery
121	Long Term Acute Care
970	Medical
300	Neonate
414	Premature/False Labor
427	Rehab
402	Skilled Nursing Facility
492	Subacute
411	Surgical
992	Transplant
720	Vaginal Delivery

BEHAVIORAL HEALTH

524	BH Acute
525	BH BHIF-RTC
492	Subacute

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

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