arizona complete health
Complete Care Plan

INPATIENT AHCCCS PRIOR AUTHORIZATION FORM

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

☐ **Standard Requests -** Determination within 7 calendar days of receiving all necessary information.

☐ **Expedited Request (Urgent) -** 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.

☑ **Concurrent Requests -** All inpatient stays including patients already admitted, ER patients with admit orders and direct admits). Determination within 72 hours of receipt of request. Observation status does not apply, as it is intended for short-term monitoring and evaluation to determine whether a patient requires inpatient admission or can be safely discharged.

***Indicates Required Field**

MEMBER INFORMATION

*Date of Birth (MMDDYYYY)

*AHCCCS/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)

***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.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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