ARIZONA STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

ambetter. FROM arizona complete health.

SECTION I – SUBMISSION

Submit via AzCH Provider Portal or Transplants fax: 833.974.3119; BH fax: 844.918.1192; All other fax: 866.597.7603

For Medication/DME/MEDICAL DEVICE Requests, please use MEDICATION, DME, AND MEDICAL DEVICE FORM

Subscriber Name:	Phone:	Fax:	Date:

SECTION II — REASON FOR REQUEST

Review Type: ☐ Non-Urgent ☐ Urgent	Clinical Reason for Urgency:
Request Type: ☐ Initial ☐ Extension/Renewal/Amendment	Prev. Auth. #:

SECTION III — REVIEW

☐ **Expedited/Urgent Review Requested:** By checking this box and signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Signature of Prescriber or Prescriber's Designee:

SECTION IV — PATIENT INFORMATION

Name:	Phone:	DOB:	☐ Male ☐ Female
Member Name (if different from Section I):	Member ID #:	Group Name or Number:	

SECTION V — PROVDER INFORMATION

Requesting Provider or Facility			**Service Provider or Facility**		
Name:			Name:		
NPI:	TIN:	Specialty:	NPI:	TIN:	Specialty:
Phone:	Fax:		Phone:	Fax:	
Contact Name:	Phone:		Service Care Provider's Name:		
Requesting Provider's Signature & Date (if required):			Phone:	Fax:	

SECTION VI — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version 10)	Code

☐ Inpatient ☐ Outpatient ☐ Provider Office ☐ Observation ☐ Home ☐ Day Surgery ☐ Other:

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Cardiac Rehab ☐ Mental Health/Substance Abuse
Number of Sessions: Duration: Frequency: Other:

Ambetter Service Type Code *please review pg 2, choose applicable 3-digit code & add in these 3 spots:* ☐☐☐

☐ Home Health: Order Attached? ☐Yes ☐No Nursing Assessment Attached? ☐Yes ☐No Number of Visits:
Duration: Frequency: Other:

SECTION VII — CLINICAL DOCUMENTATION (Attach additional documentation as needed)

Ambetter Outpatient Service Type Code (add to designated field on bottom of pg 1)

Medical				Behavioral Health	
412	Auditory	410	Observation	533	BH Applied Behavioral Analysis
712	Cochlear Implants & Surgery	997	Office Visit/Consult	512	BH Community Based Services
299	Drug Testing	794	Outpatient Services	515	BH Electroconvulsive Therapy
922	Experimental & Investigational Services	171	Outpatient Surgery	516	BH Intensive Outpatient Therapy
205	Genetic Testing & Counseling	202	Pain Management	510	BH Medical Management
249	Home Health	428	Second Opinion	518	BH Mental Health/Chemical Dependency Observation
390	Hospice Services	201	Sleep Study	519	BH Outpatient Therapy
290	Hyperbaric O2 Therapy	993	Transplant Evaluation	530	BH PHP
395	Infertility Dx or Treatment	209	Transplant Surgery	520	BH Professional Fees
211	OB Ultrasound	724	Transportation	522	BH Psychiatric Evaluation
				521	BH Psychological Testing
				523	BH Transportation
				514	BH Day Treatment

Ambetter Inpatient Service Type Code List (add to designated field on bottom of pg 1)

Medical		Behavioral Health	
490	Boarder Baby	528	BH Chemical Substance Abuse
121	Long Term Acute Care	532	BH Crisis Stabilization Unit
970	Medical	531	BH Eating Disorder
414	Premature/False Labor	536	BH Residential Treatment – Mental Health
300	Neonate	535	BH Residential Treatment – Substance Abuse
402	Skilled Nursing Facility	529	BH Psychiatric Admission
411	Surgical		

ALL REQUIRED FIELDS MUST BE COMPLETED TO AVOID A REJECTED FORM. COPIES OF SUPPORTING CLINICAL INFORMATION REQUIRED.
LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.