

OUTPATIENT AHCCCS AUTHORIZATION FORM

Standard Requests: **Fax** 855-764-8513
Behavioral Health Requests: **Fax** 844-918-1192
Biopharmacy: **Fax** 833-466-1311

☐ Request for additional units. Existing Authorization Units

☐ **Standard requests** - Standard Request - Determination within 7 calendar days of receiving all necessary information. All Biopharmacy requests are 24 hour turn-around time unless more information is needed (will extend request up to 7 business days).

☐ **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

*AHCCCS/Member ID

Last Name, First

*Date of Birth

(MMDDYYYY)

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

Additional Procedure Code

*Start Date OR Admission Date

*Diagnosis Code

CPT/HCPCS

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date

Total Units/Visits/Days

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

*OUTPATIENT SERVICE TYPE

Behavioral Health

- 523 BH Transportation
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 521 BH Psychological Testing
- 520 BH Professional Fees
- 522 BH Psychiatric Evaluation
- 519 BH Outpatient Therapy

Select from the following for BH Outpatient Therapy:

- ☐ BH Residential Facility (BHRF)
- ☐ Adult BH Therapeutic Home (ABHTH)
- ☐ Therapeutic Foster Care (TFC)

(Enter the Service type number in the boxes)

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 650 Radiation Therapy
- 201 Sleep Study
- 472 Stereotactic Radiosurgery
- 790 Occupational Therapy
- 101 Physical Therapy
- 701 Speech Therapy
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation
- 412 Auditory
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental and Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home health
- 390 Hospice Services
- 290 Hyperbaric Oxygen Therapy
- 112 Nutritional Supplements and/or Services
- 410 Observation
- 997 Office Visit/Consult

422 Biopharmacy: The Provider Portal is AZCH's preferred way to receive outpatient medical prior authorization requests. Visit <https://www.azcompletehealth.com/pro-viders/login.html> to

DME

- 417 Rental
- 147 Prosthetics
- 120 Purchase

\$
(Purchase Price)

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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