



MEDICAID INPATIENT AUTHORIZATION

ARIZONA CARE1ST

Inpatient Medical Requests **Fax** to: 833-618-2174

Behavioral Health Requests **Fax** to: 833-592-1301

- Standard requests** - Behavioral Health Requests within 14 calendar days of receiving all necessary information. Medical necessity determinations within 1 business day for Inpatient medical admissions, Skilled Nursing Facility (SNF), Inpatient Rehabilitation (INR), and Long-term Acute Care (LTAC) facilities.
- Urgent requests** - I certify this request is urgent and medically necessary to treat an injury, illness or condition within 72 hours to avoid complications and unnecessary suffering or severe pain.

***Indicates Required Field**

MEMBER INFORMATION

*Medicaid/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 (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

- 538 BH Detox
- 525 BH BHIF-RTC
- 529 BH Psychiatric Admission

Select from the following for BH Detox:

- BH Detox (Medical Hospital)
- BH Detox (Subacute Facility)

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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