



MEDICAID OUTPATIENT AUTHORIZATION
ARIZONA CARE1ST

Physical Health Fax to: 833-618-1979
Behavioral Health Requests Fax to: 833-592-1301
Biopharmacy Fax to:833-417-0447

Request for additional units. Existing Authorization [] Units []

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

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) []
End Date OR Discharge Date [] (MMDDYYYY) []
Total Units/Visits/Days []

*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes) []

- 412 Auditory
299 Drug Testing
205 Genetic Testing & Counseling
249 Home Health
712 Cochlear Implants & Surgery
922 Experimental and Investigational Services
290 Hyperbaric Oxygen Therapy
395 Infertility Diagnosis or Treatment

- 112 Nutritional Supplements and/or Services
790 Occupational Therapy
997 Office Visit/ Consult
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
101 Physical Therapy
650 Radiation Therapy
201 Sleep Study

- 701 Speech Therapy
472 Stereotactic Radiosurgery
992 Transplant
724 Transportation

Behavioral Health

- 533 BH Applied Behavioral Analysis
515 BH Electroconvulsive Therapy
516 BH Intensive Outpatient Therapy
510 BH Medical Management
519 BH Outpatient Therapy
520 BH Professional Fees
521 BH Psychological Testing
514 BH Day Treatment

Drugs

422 Biopharmacy
(Fax Buy & Bill Drug Requests to (1-833-417-0447))

DME

417 DME - Rental
120 DME - 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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