Request for Prior Authorization

Magellan Complete Care of Arizona is your partner in providing care.
In order to efficiently process your authorization request, the information below must be completed.

Member Information:

Full Name: _____

Address: _____

Telephone #: (_____)_____ DOB: ____/____/_____Medicaid #: _____

Emergency Contact Person: _____

Emergency Contact Telephone #: _____

Request Type:

- ☐ Standard/Routine
- ☐ Concurrent
- ☐ Expedited
- ☐ Retrospective

**** Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the member's ability to regain maximum function. Request outside of this definition should be submitted as one of the other options.***

Inpatient Services	**Other Services**	
☐ Surgical Procedure	☐ Outpatient Surgical/Procedure	☐ Home Care Services
☐ Hospitalization	☐ Residential	☐ DME
☐ SNF	☐ Infusion Therapy	☐ Prosthetic/Orthotic
☐ LTAC	☐ Therapeutic Behavioral Serv. Day	☐ Enterals/Nutritional/Metabolic Foods
☐ Hospice (inpatient)	☐ Hospice (outpatient)	☐ J-Codes
☐ Inpatient Rehabilitation	☐ PT/OT/ST (circle)	☐ Chiropractor <21 years of age
☐ IMD	☐ Psychosocial Rehab Living Skills	☐ CRT/ICD/Sleep Study
☐ Other _____	☐ IPM/CT/MRI/MRA/ECHO/TTE/TEE	☐ Other: _____
	☐ Other: _____	***** Please use the ABA and Synagis specific prior authorization forms*****

Diagnosis Code and Description: _____

CPT/HCPCS Code and Description: _____

Number of Visits Requested: _____ DOS From: ____/____/_____ To: ____/____/____

PLEASE SEND CLINICAL NOTES AND ALL SUPPORTING DOCUMENTATION

Requesting Provider:	**Servicing Provider:**
Name: _____	Name: _____
NPI #: _____TIN#: _____	NPI #: _____TIN#:_____
AHCCCS ID: _____	AHCCCS ID: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
Contact Name/Phone #:_____	Contact Name/Phone #:_____

Submitted By: _____ Date: ____/____/___Phone Number: _____

(Please Print)

Please submit all supporting documentation and any applicable information with this request form

Utilization Management Department Phone: **1-800-424-5891**

UM Fax: 1-888-656-7501