

PRIOR AUTHORIZATION CORRECTION FORM

◇ Mandatory fields must be completed or information will be returned.



AHCCCS does not require authorization when Medicare or other insurance is primary.

TYPE OF SERVICE REQUESTED			
Acute Hospital		Dental	DME
Medical Inpatient	Surgical Request		
Medical Outpatient		Home Health	Home Infusion
Medical Record #			
LTC Acute	BH Inpatient & RTC	BH Residential Facility	Tribal ALTCS
Nursing Facility	AIHP	AIHP	DME
Hospice	GR TRBHA	GR TRBHA	Home Modifications
Transportation	NN TRBHA	NN TRBHA	Nursing Facility (Special Rates)
Behavioral Health NEMT	PY TRBHA	PY TRBHA	Assisted Living - BH
Medical NEMT	WM TRBHA	WM TRBHA	Open Line Request
	Other	Other	
ONE MEMBER AND PROVIDER PER FORM, PER SUBMISSION PLEASE			

◇ RECIPIENT NAME:

◇ AHCCCS ID (9 digits): A

◇ PROVIDER NAME:

◇ PROVIDER NPI (10 digits):

◇ PROVIDER PHONE #:

◇ AHCCCS ID (6 digits):

◇ PROVIDER FAX #:

◇ DATES OF SERVICE:

◇ DIAGNOSIS:

***For BH NEMT, use valid BH diagnosis*

*CPT/ HCPCS/ CDT/ REV CODE:	Modifier:	Units:	Add	Remove	Tiers:	ICU
	Modifier:	Units:	Add	Remove		Routine
	Modifier:	Units:	Add	Remove		
	Modifier:	Units:	Add	Remove		
	Modifier:	Units:	Add	Remove		

*If CPT/HCPCS are BR (Non-Capped) price is needed (Code/Price):

TRANSPORT:

TRIP COUNT:

TRIP FROM:

TRIP TO:

REASON FOR TRIP:

Return fax #

Prior Authorization (602) 256-6591
BHS (602) 253-6695 (Primary)

Transportation (602) 254-2431
BHS (602) 364-4697 (Alternate)

LTC (602) 254-2426