Douglas A. Ducey, Governor
Jami Snyder, Director
801 E. Jefferson, Phoenix, AZ 85034
PO Box 25520, Phoenix, AZ 85002
Phone: 602-417-4000
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FEE-FOR-SERVICE PRIOR AUTHORIZATION MEDICAL DOCUMENTATION FORM

◊ **Mandatory fields must be completed or form will be returned.**

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

ONE MEMBER AND PROVIDER PER FORM, PER FAX PLEASE

◊ RECIPIENT NAME: ◊ AHCCCS ID (9 digits): A☐☐☐☐☐☐☐☐☐

◊ PROVIDER NAME: ◊ PROVIDER NPI (10 digits): ☐☐☐☐☐☐☐☐☐☐

◊ AUTHORIZATION #: ◊ PROV AHCCCS ID (6 digits): ☐☐☐☐☐☐

◊ PROVIDER PHONE #: ◊ DATES OF SERVICE:

◊ PROVIDER FAX #: ◊ COMMENTS:

TYPE OF DOCUMENTATION SUBMITTED

Prior Authorization
- ◯ CRS
- ◯ DME
- ◯ FESP Dialysis
- ◯ Home Health
- ◯ Home Infusion
- ◯ Lodging/Meals
- ◯ Observation
- ◯ Reconsiderations

Dental ☐

Transportation
- ◯ BH NEMT
- ◯ Medical NEMT

LTC Acute
- ◯ Hospice
- ◯ NF/Reviews

BH Inpatient & RTC
- ◯ AIHP
- ◯ Other
- ◯ GR TRBHA
- ◯ WM TRBHA
- ◯ NN TRBHA
- ◯ PY TRBHA

BH Residential Facilities
- ◯ AIHP
- ◯ Other
- ◯ GR TRBHA
- ◯ WM TRBHA
- ◯ NN TRBHA
- ◯ PY TRBHA

Tribal ALTCS Authorization
- ◯ Assisted Living Facility – BH
- ◯ DME
- ◯ Home Modifications
- ◯ NF/Reviews/Special Rates

Tribal ALTCS – Other
- ◯ >80% CES
- ◯ E1399
- ◯ Contractor Change
- ◯ Out of State
- ◯ Non/Fair Hearing
- ◯ Member Issue
- ◯ Open Line Request

Utilization Review (Required Documentation)
- ☐ History and Physical
- ☐ Surgery/Procedure Reports MD
- ☐ Orders & Progress Notes IV
- ☐ Meds & Actual Frequencies

HSAG
- ◯ Concurrent
- ◯ Retro
- ◯ Concurrent Review Denials
- ◯ Retro Review Denials

Enrollment Transition Information (ETI) / Transition of Care (TOC)
- ◯ ETI/TOC

***ALTCS: The following documentation must be sent to the Tribal Case Manager:**

*HCBS *Hospice *DME <$500 and Purchase *Supplies < $100 *Transport *Rentals

*Return fax # **Prior Authorization** (602) 256-6591 **Utilization Review** (602) 254-2304 **Transportation** (602) 254-2431 **BHS** (602) 253-6695 (Primary) **LTC** (602) 254-2426 **BHS** (602) 364-4697 (Alternate)

For urgent requests, call us at (602) 417-4400. If this form was received in error, contact the submitting Provider immediately.

(Revised 7/16/19)