



FEE-FOR-SERVICE PRIOR AUTHORIZATION MEDICAL DOCUMENTATION FORM

(One Member and Provider Per Form. Per Fax Please)

♦ *Mandatory Fields. will be returned if not completed.*



AHCCCS does not require an authorization when primary insurance pays for service.

<p>♦ Recipient Name <input style="width: 200px; height: 20px;" type="text"/></p> <p>♦ Provider Name <input style="width: 200px; height: 20px;" type="text"/></p> <p>Authorization # <input style="width: 200px; height: 20px;" type="text"/></p> <p>♦ Provider Phone <input style="width: 200px; height: 20px;" type="text"/></p> <p>♦ Provider Fax <input style="width: 200px; height: 20px;" type="text"/></p> <p>Comments: <input style="width: 650px; height: 20px;" type="text"/></p>	<p>♦ AHCCCS ID (9 digits) <input style="width: 80px; height: 20px;" type="text"/></p> <p>♦ Provider NPI (10 digits) <input style="width: 100px; height: 20px;" type="text"/></p> <p>♦ AHCCCS ID (6 digits) <input style="width: 60px; height: 20px;" type="text"/></p> <p>♦ DATES OF SERVICE: _____</p>
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♦ TYPE OF DOCUMENTATION SUBMITTED

Prior Authorization

- | | |
|---------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> DME | <input type="checkbox"/> Lodging/Meals |
| <input type="checkbox"/> Home | <input type="checkbox"/> Home Infusion |
| <input type="checkbox"/> Observation | |
| <input type="checkbox"/> Reconsiderations | |
| <input type="checkbox"/> CRS | |
| <input type="checkbox"/> FESP Dialysis | |
| <input type="checkbox"/> Transition of Care (ETI) | |

LTC Acute

- NF/Reviews
- Hospice

Dental

Utilization Review (Required Documentation)

- History & Physical
- Surgery/Procedure Reports
- MD Orders & Progress
- IV meds & actual frequencies

HSAG

- Concurrent
- Retro
- Concurrent Review Denials
- Retro Review Denials

Tribal ALTCS Authorization

- DME
- NF/Reviews/Special Rates
- Home Mods
- ALF BH

Tribal ALTCS/Other

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

BH Level I - IP

- GR TRBHA
- NN TRBHA
- PY TRBHA
- WM TRBHA
- Other

Transportation

- Medical NEMT
- Behavioral Health NEMT

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

- | | |
|-----------|-----------------------|
| HCBS | DME <\$500 & Purchase |
| Transport | Supplies <\$100 |
| Hospice | Rentals |