Douglas A. Ducey, Governor
Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034
PO Box 25520, Phoenix, AZ 85002
Phone: 602-417-4000
www.azahcccs.gov

AHCCCS
Arizona Health Care Cost Containment System

FEE-FOR-SERVICE PRIOR AUTHORIZATION
MEDICAL DOCUMENTATION FORM
(One Member Per Form Please)
♦Mandatory Fields, will be returned if not completed.

♦RECIPIENT NAME: _____ ♦AHCCCS ID: _____

♦PROVIDER NAME: _____ ♦PROVIDER NPI: _____

AUTHORIZATION #: _____ ♦AHCCCS ID: (Atypical Providers Only) _____

♦PROVIDER PHONE#: _____ ♦DATES OF SERVICE: _____

♦PROVIDER FAX#: _____

COMMENTS: _____

_____

♦TYPE OF DOCUMENTATION SUBMITTED

☐ **Prior Authorization**
- ☐ DME
- ☐ Home Health
- ☐ Therapy
- ☐ Observations
- ☐ Reconsiderations
- ☐ CRS
- ☐ FESP Dialysis
- ☐ Transition of Care (ETI)

☐ **Tribal ALTCS***
- ☐ DME
- ☐ Home Modifications
- ☐ NF/Reviews/Special Rates
- ☐ Above Level Of Care
- ☐ Beds
- ☐ Assisted Living-BH

☐ **Utilization Review (*Required Documentation*)**
- ☐ History & Physical
- ☐ Surgery/Procedure Reports
- ☐ MD Orders & Progress Notes
- ☐ IV meds & actual frequencies
- ☐ Therapy PT/OT/ST Notes

☐ **HSAG**
- ☐ Concurrent
- ☐ Retro
- ☐ Concurrent Review Denials
- ☐ Retro Review Denials

☐ **Transportation**

☐ **Dental**

☐ **LTC Acute**
- ☐ NF/Reviews
- ☐ I/P Therapy

***The following types of documentation must be sent to the Case Managers:

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

Return Fax# **Prior Authorization 602-256-6591** **Transportation 602-254-2431**
LTC 602-254-2426 **Utilization Review 602-254-2304**

03/01/2010