Douglas A. Ducey, Governor
Jami Snyder, Director
801 E. Jefferson, Phoenix, AZ 85034
PO Box 25520, Phoenix, AZ 85002
Phone: 602-417-4000
www.azahcccs.gov

FEE-FOR-SERVICE AUTHORIZATION REQUEST 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
- ◯ Medical Inpatient
- ◯ Surgical Request
- ◯ Medical Outpatient

◯ **Dental** ◯ **DME** ◯ **Lodging/Meals**

◯ **Home Health** ◯ **Home Infusion**

Medical Record #

LTC Acute
- ◯ Nursing Facility
- ◯ Hospice

Transportation
- ◯ Behavioral Health NEMT
- ◯ Medical NEMT

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

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

Tribal ALTCS
- ◯ DME
- ◯ Home Modifications
- ◯ Nursing Facility (Special Rates)
- ◯ Assisted Living - BH

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:	Tiers: ☐ ICU	Date:
	Modifier:	Units:	Tiers: ☐ Routine	Date:
	Modifier:	Units:		Date:
	Modifier:	Units:		Date:
	Modifier:	Units:		Date:

*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 **Transportation** (602) 254-2431 **LTC** (602) 254-2426
BHS (602) 253-6695 (Primary) **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 3/19/19)