Katie Hobbs, Governor
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AHCCCS
Arizona Health Care Cost Containment System

FEE-FOR-SERVICE AUTHORIZATION REQUEST FORM

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

♦ Mandatory Fields must be completed or information will be returned.

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

♦ TYPE OF ACUTE SERVICE REQUESTED

Prior Authorization

- ☐ Acute Medical I/P *MR#* _____
- ☐ Acute Medical O/P *MR#* _____
- ☐ Surgical Request
- ☐ DME
- ☐ Lodging/Meals
- ☐ Home Health
- ☐ Home Infusion

LTC Acute

- ☐ NF
- ☐ Hospice

BH Level I - IP Facilities

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

Tribal ALTCS

- ☐ DME
- ☐ Home Modification
- ☐ NF (Special Rates)
- ☐ Assisted Living-Behavorial Health

Transportation

- ☐ Medical NEMT
- ☐ Behavioral Health NEMT

☐ **Dental**

♦ 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: _____
(BH NEMT: Use valid BH diagnosis)

*CPT/HCPCS/	Modifier:	Units:	Tiers: ☐ ICU	Date:	
CDT/			☐ Routine		
REV Code					

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

TRANSPORT: TRIP COUNT: _____ (One Way=1 Round Trip=2) TRIP FROM : _____ TRIP TO _____

REASON FOR TRIP: _____

COMMENTS: _____

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) 3/3/2017

***If this fax was received in error, please contact the Provider immediately at the Provider phone number above**