

## 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

<b>Prior Authorization</b> CRS                      DME FESP Dialysis          Home Health Home Infusion          Lodging/Meals Observation              Reconsiderations	<b>Transportation</b> BH NEMT Medical NEMT	<b>Utilization Review (Required Documentation)</b>  History and Physical  Surgery/Procedure Reports MD  Orders & Progress Notes IV  Meds & Actual Frequencies				
<b>Dental</b>	<b>LTC Acute</b> Hospice NF/Reviews					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: left;">BH Inpatient &amp; RTC</th> <th style="width: 50%; text-align: left;">BH Residential Facilities</th> </tr> <tr> <td style="padding: 5px;">           AIHP                      Other            GR TRBHA              WM TRBHA            NN TRBHA            PY TRBHA         </td> <td style="padding: 5px;">           AIHP                      Other            GR TRBHA              WM TRBHA            NN TRBHA            PY TRBHA         </td> </tr> </table>		BH Inpatient & RTC	BH Residential Facilities	AIHP                      Other GR TRBHA              WM TRBHA NN TRBHA PY TRBHA	AIHP                      Other GR TRBHA              WM TRBHA NN TRBHA PY TRBHA	<b>HSAG</b>  Concurrent  Retro  Concurrent Review Denials  Retro Review Denials
BH Inpatient & RTC	BH Residential Facilities					
AIHP                      Other GR TRBHA              WM TRBHA NN TRBHA PY TRBHA	AIHP                      Other GR TRBHA              WM TRBHA NN TRBHA PY TRBHA					
<b>Tribal ALTCS Authorization</b> Assisted Living Facility – BH DME Home Modifications NF/Reviews/Special Rates	<b>Tribal ALTCS – Other</b> >80% CES                      E1399 Contractor Change              Out of State Non/Fair Hearing Member Issue Open Line Request					
		<b>Enrollment Transition Information (ETI) / Transition of Care (TOC)</b>  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 #	<b>Prior Authorization</b> (602) 256-6591 <b>Utilization Review</b> (602) 254-2304	<b>Transportation</b> (602) 254-2431 <b>BHS</b> (602) 253-6695 (Primary)
		<b>LTC</b> (602) 254-2426 <b>BHS</b> (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.*