



TRIBAL HEALTH PROGRAM PRIOR AUTHORIZATION CORRECTION FORM



AHCCCS does not require authorization when Medicare or other insurance is primary.
 Mandatory fields must be completed or information will be returned.



TYPE OF SERVICE REQUESTED			
Acute Hospital Medical Inpatient Medical Record #	Medical Outpatient	Surgical Request	LTC Acute Nursing Facility Hospice
DME AAC Lodging/Meals Home Health Home Infusion Dental	BH Inpatient & RTC THP GR TRBHA NN TRBHA PY TRBHA WM TRBHA Other	BH Residential Facility THP GR TRBHA NN TRBHA PY TRBHA WM TRBHA Other	Transportation Behavioral Health NEMT Medical NEMT

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:	<i>**For BH NEMT, use valid BH diagnosis</i>

*CPT/ HCPCS/ CDT/ REV CODE:	Modifier:	Units:	Add	Remove	Tiers:	ICU
	Modifier:	Units:	Add	Remove		Routine
	Modifier:	Units:	Add	Remove		
	Modifier:	Units:	Add	Remove		
	Modifier:	Units:	Add	Remove		

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

TRANSPORT:	TRIP COUNT:	TRIP FROM:
		TRIP TO:

REASON FOR TRIP:

Return Fax #

THP Acute & Behavioral Health Prior Authorization: (602) 252-2298 Transportation: (602) 254-2431

***For URGENT REQUEST call us at (602) 417-4400 after submitting form to AHCCCS.
 If this form was received in error, contact the submitting Provider immediately.***