Katie Hobbs, Governor
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AHCCCS
Arizona Health Care Cost Containment System

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 Outpatient ◯ Surgical Request

Medical Record #

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:
***For BH NEMT, use valid BH diagnosis*

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