## Katie Hobbs, Governor Carmen Heredia, Director

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## FEE-FOR-SERVICE PRIOR AUTHORIZATION MEDICAL DOCUMENTATION FORM

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

♦ Mandatorv Fields. will be returned if not completed.

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AHCCCS does not reauire an authorization when primary insurance pays for service.

| ♦ Recipient Name  | ◆ AHCCCS ID (9 digits)                  |
|---|---|
| ♦ Provider Name   | ♦ Provider NPI (10 digits)              |
| Authorization #   | ♦ AHCCCS ID (6 digits)                  |
| ♦ Provider Phone  | ♦ DATES OF SERVICE:                     |
| ♦ Provider Fax  |   |
| Comments:   |   |
| ▲ TVPF OF   | DOCUMENTATION SUBMITTED                 |
| Prior Authorization Utilization Review (Required Documentation) |   |
| DME Lodging/Meals   | History & Physical                      |
| Home Home Infusion  |   |
| Observation   | LTC Acute MD Orders & Progress          |
| Reconsiderations  | NF/Reviews IV meds & actual frequencies |
| CRS   | Hospice                                 |
| FESP Dialysis   |   |
| Transition of Care (ETI)  | Dental HSAG                             |
|   | Concurrent                              |
| Tribal ALTCS Authorization                                      | Tribal ALTCS/Other Retro                |
| DME   | So% CES Concurrent Review Denials       |
| NF/Reviews/Special Rates  | Non/Fair Hearing Retro Review Denials   |
| Home Mods   | Contractor Change                       |
| ALF BH  | E1399 BH Level I - IP                   |
|   | Out of State GR TRBHA                   |
| Transportation  | Member Issue NN TRBHA                   |
| Medical NEMT  | Open Line Request PY TRBHA              |
| Behavioral Health NEMT  | WM TRBHA                                |
|   | Other                                   |
| *ALTCS:The following documentation must b                       | e sent to the Tribal Case Manager:      |
| HCBS DME <\$500 &   |   |
| Transport Supplies <\$100 Hospice Rentals                       |   |

Return Fax # **Prior Authorization** 602-**256**-6591 **Transportation** 602-254-2431 **LTC** 602-254-2426 (Revised 2.13.2023) **BHS** 602-253-6695 (Primary) **BHS** 602-364-4697 (Alternate)

<sup>\*</sup>If this fax was received in error, please contact the Provider immediately at the Provider phone number above