



**TRIBAL HEALTH PROGRAM  
 PRIOR AUTHORIZATION MEDICAL DOCUMENTATION FORM**

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

**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**

<p><b>CRS</b></p> <p><b>Home Infusion</b></p> <p><b>Home Health</b></p>	<p><b>Lodging/Meals</b></p> <p><b>Reconsiderations</b></p> <p><b>DME</b></p> <p><b>AAC</b></p>	<p><b>Transportation</b></p> <p>BH NEMT</p> <p>Medical NEMT</p>	<p><b>Utilization Review (Required Documentation)</b></p> <p>History and Physical</p> <p>Surgery/Procedure Reports MD</p> <p>Orders &amp; Progress Notes IV</p> <p>Meds &amp; Actual Frequencies</p>
<p><b>Dental</b></p>		<p><b>LTC Acute</b></p> <p>Hospice</p> <p>NF/Reviews</p>	
<p><b>BH Inpatient &amp; RTC</b></p> <p>THP</p> <p>GR TRBHA</p> <p>NN TRBHA</p> <p>PY TRBHA</p> <p>WM TRBHA</p> <p>Other</p>	<p><b>BH Residential Facilities</b></p> <p>THP</p> <p>GR TRBHA</p> <p>NN TRBHA</p> <p>PY TRBHA</p> <p>WM TRBHA</p> <p>Other</p>	<p><b>HSAG</b></p> <p>Concurrent</p> <p>Retro</p> <p>Concurrent Review Denials</p> <p>Retro Review Denials</p>	
<p><b>Enrollment Transition Information (ETI) / Transition of Care (TOC)</b></p> <p>ETI/TOC</p>			

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.**