Katie Hobbs, Governor
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PRIOR AUTHORIZATION CORRECTION FORM

(One Member and Provider Per Form. Per Fax Please)
♦ Mandatory Fields must be completed or information will be returned.
AHCCCS does not require an authorization when primary insurance pays for service.

♦ TYPE OF ACUTE SERVICE REQUESTED

Prior Authorization

- ☐ Acute Medical I/P *MR#* _____
- ☐ Acute Medical O/P *MR#* _____
- ☐ Surgical Request
- ☐ DME
- ☐ Lodging/Meals
- ☐ Home Health
- ☐ Home Infusion

LTC Acute

- ☐ NF
- ☐ Hospice

Behavioral Health IP Level I

- ☐ GR
- ☐ PY TRBHA
- ☐ NN TRBHA
- ☐ WM TRBHA
- ☐ Other

Tribal ALTCS

- ☐ DME
- ☐ Home Modification
- ☐ NF (Special Rates)
- ☐ Assisted Living-Behavorial Health
- ☐ Open Line Request

Transportation

- ☐ Medical NEMT
- ☐ Behavioral Health NEMT

☐ **Dental**

♦ RECIPIENT NAME: _____ ♦ AHCCCS ID (9 digits): A☐☐☐☐☐☐☐☐

♦ PROVIDER NAME: _____ ♦ PRIOR AUTHORIZATION #: _____

♦ PROVIDER PHONE #: _____ ♦ PROVIDER NPI: (10 digits) ☐☐☐☐☐☐☐☐☐☐

♦ PROVIDER FAX #: _____ ♦ AHCCCS ID: (6 digits) ☐☐☐☐☐☐

♦ DIAGNOSIS: _____ ♦ DATES OF SERVICE: _____
(BH NEMT: use valid BH diagnosis)

				A=ADD R=REMOVE	
*CPT/HCPCS/	Modifier:	Units:	☐ A ☐ R	**Tiers:** ☐ ICU
CDT/			☐ A ☐ R	☐ Routine
REV Code			☐ A ☐ R	
			☐ A ☐ R	
			☐ A ☐ R	

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

TRANSPORT: TRIP COUNT: _____ (One Way=1 Round Trip=2) TRIP FROM: _____ TRIP TO: _____

COMMENTS: _____

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)

***If this fax was received in error, please contact the Provider immediately at the Provider phone number above**