



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

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

♦ *Mandatory Fields. will be returned if not completed.*



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

♦ Recipient Name	<input type="text"/>	♦ AHCCCS ID (9 digits)	<input type="text"/>
♦ Provider Name	<input type="text"/>	♦ Provider NPI (10 digits)	<input type="text"/>
Authorization #	<input type="text"/>	♦ AHCCCS ID (6 digits)	<input type="text"/>
♦ Provider Phone	<input type="text"/>	♦ DATES OF SERVICE:	<input type="text"/>
♦ Provider Fax	<input type="text"/>		
Comments:	<input style="width: 100%;" type="text"/>		

### ♦ TYPE OF DOCUMENTATION SUBMITTED

**Prior Authorization**

- |   |  |
|---|--|
| <input type="checkbox"/> DME                      | <input type="checkbox"/> Lodging/Meals |
| <input type="checkbox"/> Home                     | <input type="checkbox"/> Home Infusion |
| <input type="checkbox"/> Observation              |  |
| <input type="checkbox"/> Reconsiderations         |  |
| <input type="checkbox"/> CRS                      |  |
| <input type="checkbox"/> FESP Dialysis            |  |
| <input type="checkbox"/> Transition of Care (ETI) |  |

**LTC Acute**

- NF/Reviews  
 Hospice

**Dental**

**Utilization Review (Required Documentation)**

- History & Physical  
 Surgery/Procedure Reports  
 MD Orders & Progress  
 IV meds & actual frequencies

**HSAG**

- Concurrent  
 Retro  
 Concurrent Review Denials  
 Retro Review Denials

**Tribal ALTCS Authorization**

- DME  
 NF/Reviews/Special Rates  
 Home Mods  
 ALF BH

**Tribal ALTCS/Other**

- >80% CES  
 Non/Fair Hearing  
 Contractor Change  
 E1399  
 Out of State  
 Member Issue  
 Open Line Request

**BH Level I - IP**

- GR TRBHA  
 NN TRBHA  
 PY TRBHA  
 WM TRBHA  
 Other

**Transportation**

- Medical NEMT  
 Behavioral Health NEMT

\*ALTCS: The following documentation must be sent to the Tribal Case Manager:

- |           |                       |
|-----------|-----------------------|
| HCBS      | DME <\$500 & Purchase |
| Transport | Supplies <\$100       |
| Hospice   | Rentals               |