

## TRIBAL HEALTH PROGRAM PRIOR AUTHORIZATION REQUEST FORM

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

TYPE OF SERVICE REQUESTED			
<b>Acute Hospital</b> Medical Inpatient                      Medical Outpatient                      Surgical Request  <b>Medical Record #</b>			<b>LTC Acute</b>  Nursing Facility Hospice
<b>DME</b>  <b>AAC</b>  <b>Lodging/Meals</b>  <b>Home Health</b>  <b>Home Infusion</b>  <b>Dental</b>	<b>BH Inpatient &amp; RTC</b>  THP GR TRBHA NN TRBHA PY TRBHA WMAT TRBHA Other	<b>BH Residential Facility</b>  THP GRTRBHA NN TRBHA PY TRBHA WMAT TRBHA Other	<b>Transportation</b>  Behavioral Health NEMT Medical NEMT

**ONE MEMBER AND PROVIDER PER FORM, PER SUBMISSION PLEASE**

◇ RECIPIENT NAME:  ◇ PROVIDER NAME:  ◇ PROVIDER PHONE #:  ◇ PROVIDER FAX #:  ◇ DIAGNOSIS:	◇ AHCCCS ID (9 digits): A  ◇ PROVIDER NPI (10 digits):  ◇ AHCCCS ID (6 digits):  ◇ DATES OF SERVICE:  <i>**For BH NEMT, use valid BH diagnosis</i>
*CPT/ HCPCS/ CDT/ REV CODE:	Modifier:                      Units:                      Tiers:                      ICU                      Date:  Modifier:                      Units:                      Tiers:                      Routine                      Date:  Modifier:                      Units:                      Date:  Modifier:                      Units:                      Date:  Modifier:                      Units:                      Date:
*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.**