

**DDD TRIBAL HEALTH PROGRAM (THP)
EQUIPMENT AND SUPPLIES PRIOR AUTHORIZATION**

TO BE COMPLETED BY REQUESTOR

Member's Name (*Last, First, M.I.*) _____

AHCCCS ID No. _____ Date of Birth _____ Date _____

Member's Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Delivery Address if Different from Mailing (*No., Street*) (*No P.O. Boxes*) _____

City _____ State _____ ZIP Code _____

Phone Number _____ Third Party Insurance _____

Policy No. _____ Phone Number _____ Medicare Yes No

Diagnosis

Cerebral Palsy Autism Cognitive/Intellectual Disability Epilepsy

Additional Diagnosis (*Specify*): _____

Diagnosis Code(s) _____ Height _____ Weight _____

Support Coordinator's Name _____

District No. _____ Phone No. _____ Fax No. _____

Medical Justification (*please refer to Prior Authorization of Acute Care (Medical) Service Appendix*)

Picture description of equipment (*if applicable*)

Valid prescription/Primary Care Provider's order Date Division received prescription/order: _____

Ordering Physician _____ Phone No. _____

Ordering Physician Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Vendor/Facility Name _____ Vendor Representative Name _____

Vendor Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Vendor AHCCCS ID. No. _____ Phone No. _____ FAX No. _____

TO BE COMPLETED BY VENDOR

Billing Codes _____ Modifier Code _____ Description _____ Unit(s) _____

Billing Codes _____ Modifier Code _____ Description _____ Unit(s) _____

Billing Codes _____ Modifier Code _____ Description _____ Unit(s) _____

TO BE COMPLETED BY PRIOR AUTHORIZATION UNIT

Date Packet Received By Health Care Services _____

Approved:

Yes – Authorization Number: _____

Referred to Chief Medical Officer/Designee

No (*Requires Division's Chief Medical Officer/Designee decision*)

CRS Eligible Yes No

Approved By _____

Approved By Signature _____ Date _____

Comments

Upon approval send claims to:
Department of Economic Security
Division of Developmental Disabilities
PO Box 6123
Phoenix, AZ 85005-6123