KENTUCKY HEALTH COOPERATIVE
PRIOR AUTHORIZATION REQUEST FORM

Please return completed form to KYHC UM Dept. Fax: 502-379-4146.

TREATING EMERGENT OR LIFE-THREATENING CONDITIONS DOES NOT REQUIRE PRIOR AUTHORIZATION

- **Clinical information IS REQUIRED in the determination and lack of information will delay PA process**
- KYHC requires Notification of Request 5 business days prior to service date when **not** urgent
- Per Policy PA requests may take up to 15 business days **unless** it is marked urgent
- Requests received after 5:00 PM (eastern time) are not initiated until the next business day
- Incomplete request forms and/or insufficient clinical will result in delayed determinations
- For approved determinations, KYHC will provide fax notification including authorization number and pertinent information needed
- Please contact UM at 855-635-5580 if changes need to be made to initial PA request

TYPE OF REQUEST

☐ URGENT ☐ INPATIENT ☐ HOME HEALTH CARE
☐ NON-URGENT ☐ OUTPATIENT ☐ DME ☐ Pain Management

PATIENT INFORMATION

Patient Name: Last First MI Date of Birth:

Member I.D. #: Gender: (Please circle) FEMALE MALE

Place of Procedure: Tax ID (NPI): UPIN #: Contact Person: Phone:

REQUESTING PROVIDER

Requesting Provider: TAX ID: NPI:

Contact Person: Telephone: Fax:

☐ Non-Par Provider ☐ Consult/Follow-up Visit ☐ Scheduled Inpatient Admission
☐ Non-Par Facility ☐ Diagnostic/Radiology ☐ Skilled Nursing Facility
☐ Home Care Services ☐ Hospice (non-inpatient) ☐ Transplant ☐ Other

Reason for Non-Par:

CLINICAL INFORMATION

ICD-9 Codes: (required) (1) (2) (3)

CPT/HCPCS Codes: (required) (1) (2) (3)

Please list date of service, visits, units, being requested:

1.
2.
3.