

# Kentucky Medicaid MCO Prior Authorization Request Form

**Check the box of the MCO in which the member is enrolled**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Anthem BCBS Medicaid | <input type="checkbox"/> Coventry Cares/Aetna Better Health | <input type="checkbox"/> Humana – CareSource |
| <input type="checkbox"/> Passport Health Plan | <input type="checkbox"/> WellCare of Kentucky               |  |

**Not all plans require PAs for the same services. Check with the plan before submitting**  
**Please complete all appropriate fields**  
**Failure to provide sufficient information will result in a delay in your request**

Date \_\_\_\_\_ Time Faxed/Emailed \_\_\_\_\_  
 Requesting Provider \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 NPI # \_\_\_\_\_

**Type of Request**

Urgent *Urgent is defined as 'significant impact to health of member'*  Non-Urgent  
 Pre-Service  Post-Service  Concurrent  Emergent

**Member Information**

Member Name \_\_\_\_\_ Medicaid ID # \_\_\_\_\_ MCO ID# \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Is member Pregnant?  Yes  No  
 Member's PCP \_\_\_\_\_ Phone \_\_\_\_\_ NPI \_\_\_\_\_  
 Work-related injury?  Yes  No Motor Vehicle Accident related injury?  Yes  No  
 Does member have other insurance?  Yes  No Insurer \_\_\_\_\_ Medicare?  Part A  Part B

**Servicing Provider Information**

Servicing Provider \_\_\_\_\_ NPI \_\_\_\_\_ Tax ID# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax# \_\_\_\_\_  
 Are any supporting documents included?  Yes  No Number of Documents \_\_\_\_\_

**Type of Service**

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Behavioral Health             | <input type="checkbox"/> EPSDT              | <input type="checkbox"/> Medical Care - Inpatient  | <input type="checkbox"/> Radiology             |
| <input type="checkbox"/> Behavioral Health - Inpatient | <input type="checkbox"/> Gastric By-pass    | <input type="checkbox"/> Medical Care - Outpatient | <input type="checkbox"/> Substance Abuse       |
| <input type="checkbox"/> Case Management               | <input type="checkbox"/> Home Health        | <input type="checkbox"/> Observation               | <input type="checkbox"/> Surgical - Inpatient  |
| <input type="checkbox"/> Dental Care                   | <input type="checkbox"/> Hospice            | <input type="checkbox"/> OT/PT/ST                  | <input type="checkbox"/> Surgical - Outpatient |
| <input type="checkbox"/> DME Purchase                  | <input type="checkbox"/> Inhalation Therapy | <input type="checkbox"/> Oral Surgery              | <input type="checkbox"/> Transportation        |
| <input type="checkbox"/> DME Rental                    | <input type="checkbox"/> Maternity          | <input type="checkbox"/> Private Duty Nursing      | <input type="checkbox"/> Vision/Optometry      |
| <input type="checkbox"/> OTHER _____                   |   |  |  |

**Clinical Information:** Request **MUST** include medical documentation to be reviewed for medical necessity

Primary ICD-10 Code \_\_\_\_\_ Description \_\_\_\_\_

| Dates of Service |      | Procedure/<br>Service Codes | Diagnosis<br>Code | Requested Service | Requested<br>Units/Visits |
|------------------|------|-----------------------------|-------------------|-------------------|---------------------------|
| Start            | Stop |                             |                   |                   |                           |
|                  |      |                             |                   |                   |                           |
|                  |      |                             |                   |                   |                           |
|                  |      |                             |                   |                   |                           |
|                  |      |                             |                   |                   |                           |

Additional Information:

This form completed by \_\_\_\_\_ Phone # \_\_\_\_\_

## Kentucky Medicaid MCO Prior Authorization Phone Numbers

### ANTHEM BLUE CROSS BLUE SHIELD KENTUCKY

| DEPARTMENT                    | PHONE          | FAX                   |
|-------------------------------|----------------|-----------------------|
| Precertification/Notification | 1-855-661-2028 | 1-800-964-3627        |
| Pharmacy                      | 1-855-661-2028 |                       |
| Dental (DentaQuest)           | 1-800-508-6787 | www.dentaquestgov.com |
| Vision (EyeQuest)             | 1-888-696-9551 | www.eye-quest.com     |

### COVENTRYCARES/AETNA BETER HEALTH KENTUCKY

| DEPARTMENT                      | PHONE          | FAX            |
|---------------------------------|----------------|----------------|
| Medical                         | 1-888-725-4969 | 1-855-454-5579 |
| Behavioral Health/Psych Testing | 1-888-604-6106 | 1-844-885-0699 |
| Dental (Avesis)                 | 1-800-327-4462 |                |
| Express Scripts                 | 1-877-215-4100 | 1-877-554-9137 |
| Pain Management (Triad)         | 1-888-584-8742 | 1-888-229-5680 |
| Radiology (NIA)                 | 1-877-907-2363 | 1-800-784-6864 |
| Vision (Avesis)                 | 1-800-327-4462 |                |

### HUMANA CARESOURCE

| DEPARTMENT                    | PHONE          | FAX            |
|-------------------------------|----------------|----------------|
| CareSource Medical Management | 1-855-852-7005 | 1-888-246-7043 |
| Behavioral Health (Beacon)    | 1-877-380-9729 | 1-781-994-7633 |
| Dental (MCNA)                 | 1-877-375-6262 | 1-954-628-3331 |
| Pharmacy                      | 1-800-364-6331 | 1-866-930-0019 |
| Radiology (Health Help)       | 1-877-637-6940 | 1-877-667-0944 |

### PASSPORT HEALTH PLAN

| DEPARTMENT                                   | PHONE                               | FAX            | Email  |
|--|-------------------------------------|----------------|--|
| General Number                               | 1-800-578-0636                      | 1-502-585-7989 |  |
| Concurrent Review                            | 1-502-585-2077                      | 1-502-213-8997 |  |
| Retrospective Review                         | 1-502-585-7972                      | 1-502-585-8207 |  |
| Home Health                                  | 1-502-585-7320                      | 1-502-585-8204 | <a href="mailto:UMHomeHealth@passporthealthplan.com">UMHomeHealth@passporthealthplan.com</a>               |
| DME  | 1-502-585-7310                      | 1-502-585-7990 | <a href="mailto:Passportdme@passporthealthplan.com">Passportdme@passporthealthplan.com</a>                 |
| Therapies                                    | 1-502-585-6055                      | 1-502-585-8205 | <a href="mailto:umtherapies@passporthealthplan.com">umtherapies@passporthealthplan.com</a>                 |
| Cosmetics                                    | 1-502-585-7069                      | 1-502-213-8998 | <a href="mailto:PassportUMCosmetics@Passporthealthplan.com">PassportUMCosmetics@Passporthealthplan.com</a> |
| Pain Management                              | 1-502-212-6614                      | 1-502-212-6611 | <a href="mailto:PHPPainmgmt@passporthealthplan.com">PHPPainmgmt@passporthealthplan.com</a>                 |
| Appeals                                      | 1-502-585-7307                      | 1-502-585-8461 |  |
| High Dollar Radiology (MedSolutions/eviCore) | 1-888-693-3211 OR<br>1-877-791-4099 | 1-888-693-3210 | On line request: myportal.medsolutions.com   |

### WELLCARE OF KENTUCKY

| DEPARTMENT             | PHONE          | FAX   |
|------------------------|----------------|---|
| All Medical            | 1-800-351-8777 |   |
| Inpatient              |                | 1-877-338-2996  |
| Outpatient             |                | 1-877-431-0950  |
| DME                    |                | 1-877-338-3713  |
| Home Health            |                | 1-866-886-4321  |
| Prenatal Notifications |                | 1-877-338-3659  |
| Speech Therapy         |                | 1-855-620-1871  |
| Behavior Health        | 1-855-620-1861 | Outpatient – 1-877-544-2007<br>Inpatient – 1-877-338-3686 |
| Dental (Avesis)        | 1-855-469-3368 | 1-866-653-5544  |
| Vision (Avesis)        | 1-855-776-9466 | 1-855-591-3566  |
| EviCore                | 1-888-333-8641 | Main Fax: 1-866-896-2152<br>PT/OT 1-855-774-1319          |