

# 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/ Service Codes	Diagnosis Code	Requested Service	Requested 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 BETTER 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 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 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 PT/OT 1-855-774-1319