

# 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 \_\_\_\_\_ Phone \_\_\_\_\_ 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 # \_\_\_\_\_

# MCO Prior Authorization Phone Numbers

## ANTHEM BLUE CROSS BLUE SHIELD KENTUCKY

| DEPARTMENT                              | PHONE          | FAX  |
|---|----------------|--|
| Precertification/Notification/Radiology | 1-855-661-2028 | 1-800-964-3627   |
| Pharmacy                                | 1-855-661-2028 | Retail and Medical Injectables 1-855-875-3627  |
| Dental (DentaQuest)                     | 1-800-508-6787 | <a href="http://www.dentaquestgov.com">www.dentaquestgov.com</a><br>Outpatient Facility 1-262-834-3575<br>Outpatient Anesthesia 1-800-964-3627 |
| Vision (EyeQuest)                       | 1-888-696-9551 | <a href="http://www.eye-quest.com">www.eye-quest.com</a> 1-888-696-9552  |
| Behavioral Health                       | 1-855-661-2028 | Outpatient 1-866-877-5229; Inpatient 1-877-434-7578  |

## COVENTRYCARES/AETNA BETTER HEALTH KENTUCKY

| DEPARTMENT                      | PHONE                  | FAX            |
|---------------------------------|------------------------|----------------|
| Medical Prior Authorization     | 1-888-725-4969         | 1-855-454-5579 |
| Concurrent Review               | 1-888-470-0550, Opt. 2 | 1-855-454-5043 |
| Retro Review                    | 1-888-470-0550, Opt. 8 | 1-855-336-6054 |
| Behavioral Health/Psych Testing | 1-888-604-6106         | 1-855-301-1564 |
| Dental (Avesis)                 | 1-855-214-6776         | NONE           |
| Express Scripts                 | 1-855-214-6676         | NONE           |
| Pain Management (Triad)         | 1-888-584-8742         | NONE           |
| Radiology (eviCore)             | 1-888-693-3211         | 1-888-693-3210 |
| Vision (Avesis)                 | 1-855-214-6676         | NONE           |

## 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 (Avesis)               | 1-888-211-2599 |                |
| 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  |
|---|----------------------------------|----------------|--|
| Inpatient/Outpatient                        | 1-800-578-0636                   | 1-502-585-7989 |  |
| Medical Concurrent Review                   | 1-502-585-2077                   | 1-502-213-8997 |  |
| Medical 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>               |
| Outpatient Therapy                          | 1-502-585-6055                   | 1-502-585-8205 | <a href="mailto:umtherapies@passporthealthplan.com">umtherapies@passporthealthplan.com</a>                 |
| Pain Management                             | 1-502-212-6614                   | 1-502-212-6611 | <a href="mailto:PHPPainmgmt@passporthealthplan.com">PHPPainmgmt@passporthealthplan.com</a>                 |
| Cosmetic Surgery/Services                   | 1-502-585-7069                   | 1-502-213-8998 | <a href="mailto:PassportUMCosmetics@passporthealthplan.com">PassportUMCosmetics@passporthealthplan.com</a> |
| Appeals for Medical Services                | 1-502-585-7307                   | 1-502-585-8461 |  |
| DME   | 1-502-585-7310                   | 1-502-585-7990 | <a href="mailto:Passportdme@passporthealthplan.com">Passportdme@passporthealthplan.com</a>                 |
| BH PAs & Appeals (Beacon)                   | 1-855-834-5651                   | 1-800-441-2281 |  |
| Dental PAs & Appeals (Avesis)               | 1-866-909-1083                   | N/A            |  |
| Pharmacy PAs & Appeals (Magellan)           | 1-800-846-7971                   | 1-888-656-4139 |  |
| Vision PAs & Appeals (Superior)             | 1-800-243-1401                   | N/A            |  |
| Advanced Radiology PAs & Appeals (Evi-Core) | 1-888-693-3211<br>1-877-791-4099 | 1-888-693-3210 | On-line: <a href="http://myportal.medsolutions.com">myportal.medsolutions.com</a>                          |

## 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 |   |
| Vision (Avesis)        | 1-855-776-9466 |   |
| EviCore                | 1-888-333-8641 | Main Fax: 1-800-540-2406; PT/OT 1-855-774-1319          |