

## Kentucky Medicaid MCO Prior Authorization Request Form

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

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Aetna Better Health of Kentucky           | <input type="checkbox"/> UnitedHealthcare Community Plan | <input type="checkbox"/> Humana Healthy Horizons in Kentucky |
| <input type="checkbox"/> Passport Health Plan by Molina Healthcare | <input type="checkbox"/> WellCare of Kentucky            | <input type="checkbox"/> Anthem Blue Cross Blue Shield       |

Requesting Provider \_\_\_\_\_ Phone \_\_\_\_\_  
 NPI # \_\_\_\_\_ Fax # \_\_\_\_\_

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 \_\_\_\_\_

### Type of Request

- 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

### Servicing Provider Information

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

**Servicing Facility** \_\_\_\_\_ NPI \_\_\_\_\_ Tax ID# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax# \_\_\_\_\_

### Type of Service

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

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

Does member have other insurance?  Yes  No Insurer \_\_\_\_\_ Medicare?  Part A  Part B

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/OTHER  |
|---|----------------|--|
| Physician Administered Drug Prior Authorization | 1-855-661-2028 | 1-800-964-3627<br>1-844-487-9289<br>To submit electronic prior authorization (ePA) requests online, <a href="http://www.availity.com">www.availity.com</a> |
| Dental (DentaQuest)                             | 1-800-508-6787 | 1-262-834-3589 <a href="http://www.dentaquestgov.com">www.dentaquestgov.com</a>  |
| Vision (EyeQuest)                               | 1-844-870-3978 | 1-888-696-9552 <a href="http://www.eye-quest.com">www.eye-quest.com</a>  |
| Radiology (AIM)                                 | 1-800-714-0040 | <a href="http://www.providerportal.com">www.providerportal.com</a>   |
| Behavioral Health                               | 1-855-661-2028 | Outpatient 1-888-881-6283<br>Inpatient 1-888-881-6272  |

### AETNA BETTER HEALTH OF KENTUCKY

| DEPARTMENT   | PHONE                            | FAX/OTHER      |
|--|----------------------------------|----------------|
| Medical Prior Authorization (Including physician administered drugs) | 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  | 855-300-5528, options *, 3, 1, 5 | 1-855-301-1564 |
| Dental (Avesis)  | 1-855-214-6776                   |                |
| Pain Management (eviCore)  | 1-888-584-8742                   |                |
| Radiology (eviCore)  | 1-888-693-3211                   | 1-888-693-3210 |
| Vision (Avesis)  | 1-855-214-6776                   |                |
| SKY Medical Prior Authorization                                      | 1-888-725-4969                   | 1-833-689-1422 |
| SKY Medical Concurrent Review  | 1-888-470-0550, Opt. 2           | 1-833-689-1423 |
| SKY Behavioral Health  | 855-300-5528, options *, 3, 1, 5 | 1-833-689-1424 |
| Psychological and Neurological Testing                               | 855-300-5528, options *, 3, 1, 5 | 1-844-885-0699 |

## HUMANA HEALTHY HORIZONS IN KENTUCKY

| DEPARTMENT  | PHONE           | FAX/OTHER      |
|---|-----------------|----------------|
| Authorizations for Medical and BH Services through Humana         | 1-800-444-9137  | 1-833-974-0059 |
| Dental (Avesis)   | 1-888-211-0059  |                |
| Vision (Avesis)   | 1-844-511-5760  |                |
| High Tech Radiology (eviCore)                                     | 1-866-672-8115  | 1-800-540-2406 |
| New Century Health for oncology agents for 18 years old and above | 1-855-427-1372. |                |
| Medications Administered in Provider Office                       | 1-866-461-7273  | 1-888-447-3430 |
| Chiropractic Services   | 1-855-800-9804  | 1-888-492-1025 |

## PASSPORT HEALTH PLAN BY MOLINA

| DEPARTMENT  | PHONE          | FAX/OTHER  |
|---|----------------|--|
| Medical, Behavioral Health, Substance Use, Inpatient & Outpatient | 1-800-578-0775 | 1-833-454-0641 www.Availity.com  |
| Medical, Behavioral Health, Substance Use Appeals                 | 1-800-578-0075 | 1-866-315-2572<br><a href="mailto:MHK_Provider_GnA@passporthealthplan.com">MHK_Provider_GnA@passporthealthplan.com</a><br><a href="http://www.Availity.com">www.Availity.com</a> |
| Dental PAs & Appeals (Avesis)                                     | 1-866-678-7117 | <a href="http://www.avesis.com">www.avesis.com</a><br>Pharmacy PAs & Appeals 1-844-795-3508,<br>1-844-802-1406   |
| Physician Administered Drug PAs                                   | 1-800-578-0775 | 1-844-802-1406   |
| Vision PAs  | 1-844-516-2724 |  |
| Transplant  | 1-855-714-2415 | 1-877-813-1206   |
| Cardiology (18 and over)  | 1-888-999-7713 | <a href="https://my.newcenturyhealth.com">https://my.newcenturyhealth.com</a>  |
| Radiology/Advanced Imaging CT, MR, PET, etc)                      | 1-855-714-2415 | 1-877-731-7218   |

## UNITEDHEALTHCARE COMMUNITY PLAN

| DEPARTMENT   | PHONE          | FAX/OTHER   |
|--|----------------|---|
| Medical PA   | 866-633-4449   | UHCprovider.com/PAAN  |
| Behavioral Health Inpatient PA                       | 866-633-4449   | UHCprovider.com/PAAN  |
| Behavioral Health Outpatient PA                      | 866-633-4449   | providerexpress.com   |
| Cardiology PA  | 866-889-8054   | UHCprovider.com/cardiology<br>Select the Go to Prior Authorization and Notification tool                    |
| Radiology PA   | 866-889-8054   | UHCprovider.com/radiology<br>Select the Go to Prior Authorization and Notification tool                     |
| Oncology PA  | 888-397-8129   | N/A   |
| Dental PA  | 877-897-4941   | UHCdental.com   |
| Genetic and Molecular Lab Testing PA                 | 800-377-8809   | UHCprovider.com/genetics<br>Register with BeaconLBS online: BeaconLBS.com                                   |
| Pharmacy PA  | 1-866-633-4449 | UHCProvider.com/PAAN  |
| Pharmacy Specialty Guidance Program as of 08/01/2022 | 1-888-397-8129 | UHCProvider.com<br>Select 'Prior Authorizations' and 'Specialty Pharmacy Transactions Submissions & Status' |

## WELLCARE OF KENTUCKY

| DEPARTMENT                      | PHONE                          | FAX/OTHER      |
|---------------------------------|--------------------------------|----------------|
| All Medical                     | 1-800-389-9457                 |                |
| Medical PA                      |                                | 1-877-431-0950 |
| Medical Inpatient               | 1-877-389-9457                 | 1-877-338-2996 |
| Medical Outpatient              | 1-877-389-9457                 | 1-877-431-0950 |
| DME                             | 1-800-351-8777                 | 1-877-844-8538 |
| Home Health                     | 1-877-389-9457                 | 1-877-338-3660 |
| Prenatal Notifications          | 1-877-389-9457                 | 1-877-338-3659 |
| Speech Therapy                  | 1-877-389-9457                 | 1-855-620-1871 |
| Behavior Health Inpatient       | 1-855-620-1861                 | 1-877-338-3686 |
| Behavioral Health OP            | 1-855-620-1861                 | 1-877-544-2007 |
| Dental (Avesis)                 | 1-855-469-3368                 |                |
| Vision (Avesis)                 | 1-855-776-9466; 1-855-469-3368 |                |
| EviCore                         | 1-888-333-8641                 | 1-855-774-1319 |
| NIA National Imaging Associates | 1-866-249-1584                 |                |