

# 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 Medicaid

**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/ Service Codes	Diagnosis Code	Requested Service	Requested Units/Visits
Start	Stop				

Additional Information: \_\_\_\_\_

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

# MCO Prior Authorization Phone Numbers

## ANTHEM BLUE CROSS AND BLUE SHIELD MEDICAID IN KENTUCKY

DEPARTMENT	PHONE	FAX/OTHER
Medical Precertification	1-855-661-2028	1-800-964-3627 www.availity.com
Pharmacy	1-855-661-2028	Retail Drug: 1-855-875-3627 Medical Injectable: 1-844-487-9289
Dental (DentaQuest)	1-800-508-6787	1-262-834-3589 www.dentaquestgov.com
Vision (EyeQuest)	1-888-696-9551	1-888-696-9552 www.eye-quest.com
Radiology (AIM)	1-800-714-0040	www.providerportal.com
Behavioral Health	1-855-661-2028	Outpatient 1-866-877-5229 Inpatient 1-877-434-7578

## AETNA BETTER HEALTH OF KENTUCKY

DEPARTMENT	PHONE	FAX/OTHER
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	
Express Scripts	1-855-214-6676	
Pain Management (Triad)	1-888-584-8742	
Radiology (eviCore)	1-888-693-3211	1-888-693-3210
Vision (Avesis)	1-855-214-6676	
SKY Medical Prior Authorization		1-833-689-1422
SKY Medical Concurrent Review		1-833-689-1423
SKY Behavioral Health		1-833-689-1424
SKY Psychological and Neurological Testing		1-844-885-0699

## HUMANA HEALTHY HORIZONS IN KENTUCKY

DEPARTMENT	PHONE	FAX/OTHER
General Provider Services Contact Information	1-800-444-9137	
Direct Authorization Intake Contact Information for Medical and Behavioral Health	1-888-285-1114	1-833-974-0059
Dental (Avesis)	1-888-211-0059	1-844-511-5760
Vision (Avesis)	1-844-511-5760	1-866-930-0019
Humana Clinical Pharmacy Review	1-800-555-2546	1-866-930-0019
Medications Administered in Provider Office	1-866-461-7273	1-888-447-3430

## 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 <a href="mailto:MHK_Provider_GnA@passporthealthplan.com">MHK_Provider_GnA@passporthealthplan.com</a> <a href="http://www.Availity.com">www.Availity.com</a>
Dental PAs & Appeals (Avesis)	1-866-678-7117	www.avesis.com
Pharmacy PAs & Appeals	1-844-795-3508	1-844-802-1406
Vision PAs & Appeals (March Vision)	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	1-855-714-2415	1-877-731-7218

**UNITEDHEALTHCARE COMMUNITY PLAN**

<b>DEPARTMENT</b>	<b>PHONE</b>	<b>FAX/OTHER</b>
Medical PA	866-633-4449	UHCprovider.com/PAAN
Behavioral Health Inpatient PA	800-888-2998	providerexpress.com
Behavioral Health Outpatient PA	N/A	providerexpress.com
Cardiology PA	866-889-8054	UHCprovider.com/cardiology Select the Go to Prior Authorization and Notification tool
Pharmacy PA	800-310-6826	UHCprovider.com/PAAN > Clinical Pharmacy and Specialty Drugs
Radiology PA	866-889-8054	UHCprovider.com/radiology Select the Go to Prior Authorization and Notification
Oncology PA	888-397-8129	N/A
Genetic and Molecular Lab Testing PA	800-377-8809	UHCprovider.com/genetics Register with Beacon online: BeaconLBS.com

**WELLCARE OF KENTUCKY**

<b>DEPARTMENT</b>	<b>PHONE</b>	<b>FAX/OTHER</b>
All Medical	1-800-351-8777	
Inpatient	1-877-389-9457	1-877-338-2996
Outpatient	1-877-389-9457	1-877-431-0950
DME	1-877-389-9457	1-877-338-3713
Home Health	1-877-389-9457	1-866-886-4321
Prenatal Notifications	1-877-389-9457	1-877-338-3659
Speech Therapy	1-877-389-9457	1-855-620-1871
Behavior Health	1-855-620-1861	1-877-338-3686
Behavioral Health OP		1-877-544-2007
Dental (Avesis)	1-855-469-3368	
Vision (Avesis)	1-855-776-9466	
EviCore		1-855-774-1319