

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/ 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/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	www.dentaquestgov.com Outpatient Facility 1-262-834-3575 Outpatient Anesthesia 1-800-964-3627	
Vision (EyeQuest)	1-888-696-9551	www.eye-quest.com 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
Medical General Number	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	UMHomeHealth@passporthealthplan.com
DME	1-502-585-7310	1-502-585-7990	Passportdme@passporthealthplan.com
Therapies	1-502-585-6055	1-502-585-8205	umtherapies@passporthealthplan.com
Cosmetics	1-502-585-7069	1-502-213-8998	PassportUMCosmetics@passporthealthplan.com
Pain Management	1-502-212-6614	1-502-212-6611	PHPPainmgmt@passporthealthplan.com
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		
Vision (Avesis)	1-855-776-9466		
EviCore	1-888-333-8641	Main Fax: 1-800-540-2406; PT/OT 1-855-774-1319	