

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 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 Provider _____ NPI _____ Tax ID# _____
 Address _____ ZIP _____
 City _____ State _____
 Phone _____ Fax # _____

Type of Request

<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 -	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Case Management	<input type="checkbox"/> Home Health	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Surgical - Inpatient
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Hospice	<input type="checkbox"/> Observation	<input type="checkbox"/> Surgical - Outpatient
<input type="checkbox"/> DME Purchase	<input type="checkbox"/> Inhalation Therapy	<input type="checkbox"/> OT/PT/ST	<input type="checkbox"/> Transportation
<input type="checkbox"/> DME Rental	<input type="checkbox"/> Maternity	<input type="checkbox"/> Oral Surgery	<input type="checkbox"/> Vision/Optomtry
<input type="checkbox"/> OTHER		<input type="checkbox"/> Private Duty Nursing	

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/ 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 blue shield kentucky

DEPARTMENT	PHONE	FAX/OTHER
Physician Administered Drug Prior Authorization	(855) 661-2028	(800) 964-3627 (844) 487-9289 To submit electronic prior authorization (ePA) requests online, Availity.com
Dental (DentaQuest)	(800) 508-6787	1-262-834-3589 Dentaquestgov.com
Vision (EyeQuest)	(844) 870-3978	(888-696-9552 Eye-quest.com
Radiology (AIM)	(800) 714-0040	Providerportal.com
Behavioral Health	(855) 661-2028	Outpatient 1-888-881-6283 Inpatient 1-888-881-6272

AETNA BETTER HEALTH OF KENTUCKY

DEPARTMENT	PHONE	FAX/OTHER
Medical Prior Authorization (Including physician administered drugs)	(888) 725-4969	(855) 454-5579
Concurrent Review	(888) 470-0550, Opt. 2	(855) 454-5043
Retro Review	(888) 470-0550, Opt. 8	(855) 336-6054
Behavioral Health	855-300-5528, options *, 3, 1, 5	(855) 301-1564
Dental (Avesis)	(855) 214-6776	
Pain Management (eviCore)	(888) 584-8742	
Radiology (eviCore)	(888) 693-3211	(888) 693-3210
Vision (Avesis)	(855) 214-6776	
SKY Medical Prior Authorization	(888) 725-4969	(833) 689-1422
SKY Medical Concurrent Review	(888) 470-0550, Opt. 2	(833) 689-1423
SKY Behavioral Health	855-300-5528, options *, 3, 1, 5	(833) 689-1424
Psychological and Neurological Testing	855-300-5528, options *, 3, 1, 5	(844) 885-0699

HUMANA HEALTHY HORIZONS IN KENTUCKY

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

PASSPORT HEALTH PLAN BY MOLINA

DEPARTMENT	PHONE	FAX/OTHER
Medical, Behavioral Health, Substance Use, Inpatient & Outpatient	(800) 578-0775	(833) 454-0641 www.Availity.com
Medical, Behavioral Health, Substance Use Appeals	(800) 578-0075	(866) 315-2572 MHK_Provider_GnA@passporthealthplan.com Availity.com
Dental PAs & Appeals (Avesis)	(866) 678-7117	Avesis.com Pharmacy PAs & Appeals (844) 795-3508, (844) 802-1406
Physician Administered Drug PAs	(800) 578-0775	(844) 802-1406
Vision PAs	(844) 516-2724	
Transplant	(855) 714-2415	(877) 813-1206
Cardiology (18 and over)	(888) 999-7713	My.NewcenturyHealth.com
Radiology/Advanced Imaging CT, MR, PET, etc)	(855) 714-2415	(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 Select the Go to Prior Authorization and Notification tool
Radiology PA	866-889-8054	UHCprovider.com/radiology 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 Register with BeaconLBS online: BeaconLBS.com
Pharmacy PA	(866) 633-4449	UHCProvider.com/PAAN
Pharmacy Specialty Guidance Program as of 08/01/2022	(888) 397-8129	UHCProvider.com Select 'Prior Authorizations' and 'Specialty Pharmacy Transactions Submissions & Status'

WELLCARE OF KENTUCKY

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