



KENTUCKY HEALTH COOPERATIVE PRIOR AUTHORIZATION REQUEST FORM

Please return completed form to KYHC UM Dept. Fax: 502-379-4146.

TREATING EMERGENT OR LIFE-THREATENING CONDITIONS DOES NOT REQUIRE PRIOR AUTHORIZATION

- KYHC requires Notification of Request 5 business days prior to service date when **not** urgent
- Per Policy PA requests may take up to 15 business days **unless** it is marked urgent
- Requests received after 5:00 PM (eastern time) are processed the next business day
- Please submit any clinical information that will aid in the determination
- Incomplete request forms and/or insufficient clinical will result in delayed determinations
- For approved determinations, KYHC will provide phone or fax notification including authorization number and pertinent information needed
- Please contact UM at 855-635-5580 if changes need to be made to initial PA request

TYPE OF REQUEST

- | | | |
|-------------------------------------|-------------------------------------|---|
| ☐ URGENT | ☐ INPATIENT | ☐ HOME HEALTH CARE |
| ☐ NON-URGENT | ☐ OUTPATIENT | ☐ DME ☐ THERAPIES |

PATIENT INFORMATION

Patient Name: Last First MI Date of Birth:

Member I.D.#: Gender: (Please circle)
FEMALE MALE

Place of Procedure: Tax ID (NPI): UPIN #: Contact Person: Phone:

REQUESTING PROVIDER

Requesting Provider: TAX ID: NPI:

Contact Person: Telephone: Fax:

- | | | |
|---|--|---|
| ☐ Non-Par Provider | ☐ Consult/Follow-up Visit | ☐ Scheduled Inpatient Admission |
| ☐ Non-Par Facility | ☐ Diagnostic/Radiology | ☐ Skilled Nursing Facility |
| ☐ Home Care Services | ☐ Hospice (non-inpatient) | ☐ Transplant ☐ DME ☐ Other |

Reason for Non-Par:

CLINICAL INFORMATION

ICD-9 Codes: (required)			CPT/HCPCS Codes: (required)		
(1)	(2)	(3)	(1)	(2)	(3)

Please list days, visits, units being requested:

- 1.
- 2.
- 3.