KyHealth Choices Prior Authorization Call Checklist

Prior to calling or faxing this request to prior authorize services, please complete the following information for each Medicaid member when requesting services. By completing this form our representatives will be able to process your request more quickly. We thank you for your assistance.

Clinical staff should make the Prior Authorization request.

Review the attached list to see if service requires prior authorization and add below.

All fields are required to process the Prior Authorization request.

This request does not guarantee these services will be authorized.

Member Last Name	Member First Name	Member Middle Initial	Member Medicaid ID Number	Member Date of Birth
Member Address	City	Zip Code	Responsible Party for Member Under Age of 18.	
Ordering Provider Name		Ordering Provider's Medicaid Number (non-Medicaid providers should enter license number and state)		
Ordering Provider Contact Person Name		Ordering Provider Contact Person Phone # ( )		
Facility Name and Address		Facility's Medicaid Number		
Facility Contact Person Name		Facility Contact Person Phone # ( )		
Date(s) of Service				
Diagnosis Codes				
Clinical Criteria				
Procedure Codes				

Once this form is complete, you may call 1-800-292-2392 for medical prior authorizations (excluding home health).