

QUICK REFERENCE

FOR PRIOR AUTHORIZATION FORMS

Form Number	Form Name	What services used for?	Where do I send the form?
208	Air Transportation Request for Prior Authorization Form	Interisland Air Transportation for ITOP's (All other travel requests are to be submitted to respective Manage Care Health Plan)	DHS/MQD/ CSO Mail to: P.O. Box 700190 Kapolei, HI 96709-0190 or Fax to: (808) 692-8131
1144	Request for Medical Authorizations	Medical services for Fee-For-Service program (Quest Integration PA requests are to be submitted to respective Manage Care Health Plan)	DHS/MQD/CSO Mail to: P.O. Box 700190 Kapolei, HI 96709-0190 or Fax to: (808) 692-8131
1144b	Request for Medical Authorizations	Drugs for Fee-For-Service program (Quest Integration PA requests are to be submitted to respective Manage Care Health Plan)	PBM Fiscal Agent Hawaii PBM Attn: Hawaii Medicaid Paper Claims PO Box 967 Henderson, NC 27536-0967 Help Desk phone number: 877-439-0803 Prior authorization fax number: 888-335-8474
1147	Subacute/LongTerm Care/Hospice Level of Care Evaluation	Long Term Care Services	PRO/EQRO/HSAG 1440 Kapiolani Blvd, Suite 1110 Honolulu, HI 96814 or Fax to: 440-6009(Oahu); (877) 211-5570 (Neighbor Islands)

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1147a	Level of Care (LOC) Reevaluation	Long Term Care Services	PRO/EQRO/HSAG 1440 Kapiolani Blvd, Suite 1110 Honolulu, HI 96814 or Fax to: 440-6009 (Oahu); (877) 211-5570 (Neighbor Islands)
1150	Intermediate Care Facility –Individual with Intellectual Disability (ICF-ID)	Intermediate Care Facility – Individual with Intellectual Disability Services (ICF-ID)	DHS/MQD/CSO P.O. Box 700190 Kapolei, HI 96707-0190 or Fax to: (808) 692-8131
1150a	Patient Evaluation for Re-Admission to ICF- ID	Intermediate Care Facility – Individual with Intellectual Disability Services (ICF-ID)	DHS/MQD/CSO P.O. Box 700190 Kapolei, HI 96707-0190 or Fax to: (808) 692-813

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