

# INSTRUCTIONS

## DHS 1144B

### HAWAII STATE MEDICAID FEE FOR SERVICE PROGRAM

#### REQUEST FOR MEDICAL AUTHORIZATION

1. **Medicaid ID Number** : Enter the Medicaid ID.
2. **Patient's Name**: Enter the patient's name (last, first, MI).
3. **Gender**: Check the patient's gender.
4. **Date of Birth**: Enter the member's date of birth: mm/dd/yyyy.
5. **Medicare Coverage**: Check whether the patient has Medicare coverage and is receiving Medicare Home Health Benefits.
6. **Currently At**: Check where the patient is currently located and enter the mailing address.
7. **Expanded Early & Periodic Screening Diagnosis & Treatment (EPSDT)**: Check whether the patient has received expanded early and periodic screening diagnosis & treatment.
8. **NDC Number or Drug Name, Strength, Units, or Global Code, or HCPCS**: Enter the NDC Number, Drug Code, or HCPCS code.
9. **QTY**: Enter the quantity.
10. **Purchase Price**: Enter the purchase price.
11. **Rent/Repair**: Circle whether this request is for rent or repair and enter the amount.
12. **Period Requested**: Enter the Period Requested From: and To:.
13. **Diagnosis or ICD-9 code**: Enter the diagnosis code or the ICD-9 code.
14. **BMI (for anorexiant)**: Enter the BMI.
15. **Period Requested**: Enter the period requested.
16. **Prognosis**: Enter the prognosis.
17. **Justification**: Enter the justification and include any history of previous treatment. Check if any attachments are included.
18. **Print Physician's Name / Mailing Address**: Print the physicians name and mailing address.
19. **Physician's Signature**: Physicians: Sign the form.
20. **DEA# or Medicaid Provider #**: Enter the physician DEA number or the Medicaid Provider number.
21. **Date**: Enter the date of signature.
22. **Telephone #**: Enter the physician's telephone number.
23. **Fax #**: Enter the physician's fax number.
24. **Contact Name**: Enter the name of the person to contact.
25. **Print Supplier's Name / Mailing Address**: Print the supplier's name and mailing address.
26. **Comments**: Enter any comments.
27. **Contact Name**: Enter the name of the person to contact.
28. **Telephone #**: Enter the supplier's telephone number.
29. **Fax#**: Enter the supplier's fax number.
30. **Supplier's Signature**: Sign the request.
31. **NABP#**: Enter the NABP number.
32. **Date**: Enter the date of signature.