

INSTRUCTIONS

DHS FORM 208 (Rev. 07/06) PRIOR AUTHORIZATION REQUEST FOR AIR TRANSPORTATION, LODGING, MEALS AND GROUND TRANSPORTATION

PURPOSE:

DHS Form 208 is used only when Fee-For-Service (NON QUEST) recipients need inter-island commercial air transportation. Inter-island medical travel is approved when medical services associated with the travel request cannot be obtained on the recipient's island of residence. Travel must be for medical reasons. Examples of medical reasons are treatments, consultations, surgery, follow up visits, hospital admissions and discharges.

REQUESTING PHYSICIAN:

Print clearly and legibly.

Check right hand corner box whether medical travel is Regular, Urgent or Emergency.

Emergency: Medical conditions are those conditions that are manifested by ACUTE conditions of sufficient severity (including severe pains) such that a prudent layperson, who possesses average knowledge of health and medicine, could reasonably expect that absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman and/or unborn child) in serious jeopardy, or cause serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Urgent: Medical conditions are conditions that require medical care within 2 business days. If the care is not received during this time, a person's life or health may be jeopardized.

Box 1-6: Complete all **RECIPIENT INFORMATION** section. You can obtain the information from the recipient's Medicaid identification card.

Box 7-8: Contact person should be the client or person who is responsible for the client. The phone number should be a daytime number that is listed or a cellular phone number.

Box 9-12,
14-15: Complete **RERERRING PHYSICIAN INFORMATION** section. Self-explanatory.

Box 13: Form must be signed by **REFERRING PHYSICIAN**. Pre-signed and stamped signature is not acceptable.

- Box 16-19: Complete **APPOINTMENT INFORMATION** section. List only agreed treatments, procedures, dates, and appointment times with the rendering provider. Clearly describe the Medical Service, treatment, procedure or surgery the recipient is about to receive and list the Medical Reason for the request. Can the procedure be done on your island, If No, Explain Why.
- Box 20-33: Complete and provide all Appointment Detail information. If more than 2 scheduled appointments, another 208 form has to be completed starting from box 1-4 and 20-33.
- Box 34-48: Complete **TRAVEL REQUEST INFORMATION** section. List accordingly to the needs of the recipient's temporary place of stay. Provide Departure Date, Return Date and Medical Reason For Stay Longer Than 1 Day. Indicate Departure City/Airport, Arrival City/Airport and Type Of Ticket. Indicate if Attendant Required, if "Yes", Name of Attendant and Medical Reason For Attendant. Examples: Recipient is a minor, baby; mentally retarded, wheelchair bound. Specify if Oxygen is required, if "Yes", whether Nasal or Mask and provide the Flow Rate. Indicate if Wheelchair Required; If client owns wheelchair, what Type of Wheelchair (e.g., Manual, Electric, Battery, etc.) and Other Special Travel Needs. Indicate if Ground Transportation, Lodging, or Meal(s) will be required.

DHS MEDICAL CONSULTANT'S DETERMINATION:

- Box 49-57: Do not complete this section. Section to be completed by the Med-QUEST Division, Medical Standards Branch.

Copy of medical consultant's determination and authorization will be faxed or mailed to the requesting physician and to the recipient's worker.