

## QUICK REFERENCE

### FOR PRIOR AUTHORIZATION FORMS

<b>Form Number</b>	<b>Form Name</b>	<b>What services used for?</b>	<b>Where do I send the form?</b>
208	Air Transportation Request for Prior Authorization Form	Interisland Air Transportation	Fiscal Agent ACS, Inc.  Mail to: P.O. Box 2561 Honolulu, HI 96807-2561  Deliver to: 1440 Kapiolani Boulevard Suite 1400 Honolulu, HI 96814
1018	Request for Extension of Psychiatric Outpatient Visit	Outpatient behavioral health services	Fiscal Agent ACS, Inc.  Mail to: P.O. Box 2561 Honolulu, HI 96807-2561  Deliver to: 1440 Kapiolani Boulevard Suite 1400 Honolulu, HI 96814  Urgent PA Fax #: 952-5562
1135	Taxi Authorization/ Invoice	Monthly authorization of taxi services	DHS/FMO/BPS P.O. Box 339 Honolulu, HI 96809-0339
1144	Request for Medical Authorizations	Medical services, Dental services, diapers, therapies	Fiscal Agent ACS, Inc.  Mail to: P.O. Box 2561 Honolulu, HI 96807-2561  Deliver to: 1440 Kapiolani Boulevard Suite 1400 Honolulu, HI 96814  Urgent PA Fax #: 952-5562
1144b	Request for Medical Authorizations	Drugs	PBM Fiscal Agent ACS, Inc. (Consultec) 365 Northridge Road, Suite 400, Atlanta, GA 30350  Or:  Fax: 1-888-335-8474

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1147	Subacute/LongTerm Care/Hospice Level of Care Evaluation	Long Term Care Services	<p>PRO/EQRO            Mountain Pacific Quality Health Foundation (MPQHF)            1360 Beretania Street            Suite 500            Honolulu, HI 96814</p> <p>Fax #: 440-6009 (Oahu);            (877)211-5570 (Neighbor Islands)</p>
1147a	Level of Care (LOC) Reevaluation	Long Term Care Services	<p>PRO/EQRO            Mountain Pacific Quality Health Foundation (MPQHF)            1360 Beretania Street            Suite 500            Honolulu, HI 96814</p> <p>Fax #: 440-6009 (Oahu);            (877)211-5570 (Neighbor Islands)</p>
1147c	Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) Report	Long term care level of care determination; locks in start date for therapies before modalities determined	<p>PRO/EQRO            Mountain Pacific Quality Health Foundation (MPQHF)            1360 Beretania Street            Suite 500            Honolulu, HI 96814</p> <p>Fax #: 440-6009 (Oahu);            (877)211-5570 (Neighbor Islands)</p>
1150	Intermediate Care Facility – Mentally Retarded (ICF-MR) Evaluation	Intermediate Care Facility – Mentally Retarded (ICF-MR) Services	<p>DHS/MQD/MSB            P.O. Box 700190            Kapolei, HI 96707-0190</p> <p>Or</p> <p>Fax: (808) 692-8131</p>
1150a	Patient Evaluation for Re-Admission to ICF-MR	Intermediate Care Facility – Mentally Retarded (ICF-MR) Services	<p>DHS/MQD/MSB            P.O. Box 700190            Kapolei, HI 96707-0190</p> <p>Or</p> <p>Fax: (808) 692-8131</p>
1162	Use of Clozapine, Olanzapine, Risperidone, Quetiapine and Ziprasidone	Authorization of these medications when prescribed by a non-psychiatrist.	<p>PBM Fiscal Agent            ACS, Inc. (Consultec)            365 Northridge Road,            Suite 400,            Atlanta, GA 30350</p> <p>Or:</p>

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Fax: 1-888-335-8474