

INSTRUCTIONS

DHS 1144C (Rev. 10/08) REQUEST FOR PRIOR AUTHORIZATION OUT-OF-STATE MEDICAL TREATMENT

Approval of this request is not authorization for payment or approval of charge. Payment by the Medicaid Program is contingent on the recipient being eligible for and the provider of services being certified by Medicaid. The provider of services must verify recipient eligibility at the time the service is rendered.

Authorization expires 30 days of approval unless otherwise noted by the consultant.

PURPOSE

The Request for Prior Authorization Out-Of-State Medical Treatment form is used when appropriate medical treatment is unavailable in the State of Hawaii. The Med-QUEST Division (MQD) Clinical Standards Office (CSO) medical consultant is responsible for the authorization and the consultant's decision is final. The Medicaid program will not be financially responsible for any non-emergency out-of-state medical service(s) that failed to receive prior approval.

A licensed physician must complete the Request for Prior Authorization Out-of-State Medical Treatment. The requesting physician will be responsible for establishing initial and on-going contacts with the rendering out of state provider(s). Follow-up care will be performed in Hawaii. The only exception is for medically necessary follow-up care that is not available in Hawaii.

GENERAL INSTRUCTIONS

1. The referring provider will be responsible for providing the following information: Recipient's Medicaid ID No.; Recipient's Name (Last, First, Middle); Sex; Date of Birth; Medicare Coverage; Other Medical Insurance, specify if Primary or Secondary; If Attendant Requested; The Medical Reason For Attendant, and Name of Adult Attendant.
2. The referring provider will complete the following medical information: Date(s) of Services; Procedures/Services; Procedure Code; Diagnosis; Reason for Out-of-State Medical Treatment. End date of services must be provided. Otherwise, a date will be specified by MQD, after which prior authorization will again be needed.
3. Completion of the Referring Provider Information is self-explanatory. Follow-up and continuity of care shall be performed in Hawaii, and the referring physician must indicate agreement to this.

4. Completion of the Rendering Provider Information is also the responsibility of the referring provider. If the services are to be performed in a hospital, the name of the hospital and contact person and phone no. at the hospital must be provided.
5. Referring physicians must provide documentation of justification for out of state services. This may include a copy of clinical notes or a formal letter, preferably in consultation with a specialist. If the prior authorization is for an extension of service, clinical documentation of services from the rendering provider must also be provided.
6. Fax the completed Request for Prior Authorization Out-of-State Medical Treatment form to MQD/CSO (808) 692-8131.
7. Copy of medical consultant's determination and authorization will be faxed to both the referring and rendering providers.
8. Only the dates of services and specific procedures listed on the 1144C will be covered. If additional procedures are required, a new 1144C shall be initiated.
9. If the recipient has a primary health insurer other than Hawaii Medicaid, authorization must be obtained from the primary insurer. Unless SPECIFICALLY approved by Hawaii Medicaid, services non-covered by the primary insurer will not be covered by Hawaii Medicaid.
10. On recipient return, a copy of a discharge summary or clinical notes, including the plan of care, must be submitted.
11. If the prior authorization request is for travel for a permanent nursing facility placement in another state, please provide:
 - Documentation of Medicaid eligibility in the receiving state;
 - Documentation of nursing facilities contacted in Hawaii, date(s) contacted, and reasons for refusal; and
 - Signed documentation of consent for nursing facility placement in another state by the recipient and/or the recipient's family or legal guardian.