



## INVASIVE VENTILATION PRIOR AUTHORIZATION REQUEST

This Prior Authorization Request must be initiated by an authorized medical provider (to include physicians, advanced practice nurses, respiratory therapists, hospitals and skilled nursing facilities) who has evaluated the medical needs of the individual. The authorized medical provider must fax this completed form to: MO HealthNet Invasive Ventilator Program at (573) 522-8514.

The Skilled Nursing Facility provider is responsible to verify patient eligibility. An approved authorization is not a guarantee of patient eligibility or payment. Confirm eligibility by calling the MO HealthNet Interactive Voice Response (IVR) system at (573) 751-2896 or verify online at [www.eMOMED.com](http://www.eMOMED.com).

### Section A: Provider Information

Provider Name	
Provider Address (Street, City, State, Zip Code)	
Provider Contact Person	Provider NPI
Provider Phone Number	Provider Fax Number
Provider Email Address	
Printed Name of Person Completing this Form	
Signature of Person Completing this Form	Date

### Section B: Participant Information

Participant Last Name	Participant First Name	Participant Date of Birth
Participant MO HealthNet ID	Does Participant Have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Participant have other insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Participant has other insurance, list policy name	If Participant has other insurance, list policy number	
Anticipated Date of Admission to Skilled Nursing Facility		

### Section C: Medical Information

Date of Onset for Ventilator Dependence	Hours of Ventilator Use Per Day	Is there potential to wean this Participant from ventilator use? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ventilator Type		
Diagnosis (ICD Codes)		
Prognosis and Remarks		

### MO HealthNet Use Only

Prior Authorization Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments	
Signature	Date