



# MEDICARE INPATIENT AUTHORIZATION

KANSAS

Expedited Requests Non Duals **Call:** 1-800-977-7522

Expedited Requests Duals **Call:** 1-844-796-6811

Standard Requests **Fax:** 1-844-885-3724

Concurrent Requests **Fax:** 1-844-226-6443

**For Standard (Elective Admission) requests, complete this form and FAX to 1-844-885-3724.** Determination made as expeditiously as the enrollee's health condition requires, but no later than 7 calendar days after the receipt of request.

**For Expedited requests Non Duals, please CALL 1-800-977-7522 and Duals call 1-844-796-6811.** Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in

**For Concurrent requests, complete this form and FAX to 1-844-226-6443.** (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits). Determination within 72 hours of receipt of request.

**\* Indicates Required Field**

## MEMBER INFORMATION

Member ID \*

Last Name, First

Date of Birth \*

(MMDDYYYY)

## REQUESTING PROVIDER INFORMATION

Requesting NPI \*

Requesting TIN \*

Requesting Provider Contact Name

Requesting Provider Name

Phone

Fax \*

## SERVICING PROVIDER / FACILITY INFORMATION



Same as Requesting Provider

Servicing NPI \*

Servicing TIN \*

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

## AUTHORIZATION REQUEST

Primary Procedure Code

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Start Date OR Admission Date \*

(MMDDYYYY)

Diagnosis Code \*

(ICD-10)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

(CPT/HCPCS)

(Modifier)

Discharge Date (if applicable) otherwise  
Length of Stay will be based on Medical Necessity

(MMDDYYYY)

Additional Diagnosis Code

(ICD-10)

## INPATIENT SERVICE TYPE \*

(Enter the Service type number in the boxes)

779 C-Section Delivery  
121 Long Term Acute Care  
970 Medical  
414 Premature/False Labor  
427 Rehab  
402 Skilled Nursing Facility  
492 Sub-Acute  
411 Surgical  
992 Transplant  
720 Vaginal Delivery

### Behavioral Health

528 BH Chemical Substance Abuse  
529 BH Psychiatric Admission

Are services needed for discharge  
planning?

YES

NO

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.

COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

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