



# INPATIENT AUTHORIZATION FORM

KANSAS

Expedited Requests **Call:** 1-855-565-9519  
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 14 calendar days after the receipt of request.

**For Expedited requests, please CALL 1-855-565-9519.** 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 serious jeopardy.

**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

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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