



OUTPATIENT MEDICARE AUTHORIZATION FORM

KANSAS

All Part B Drug Requests **Fax:** 1-844-943-1508
Expedited Requests **Call:** 1-855-565-9519
Standard Requests **Fax:** 1-844-885-3724
Transplant Requests **Fax:** 1-833-590-1589

Request for additional units. Existing Authorization Units

For Standard requests, complete this form and FAX to the appropriate department. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after 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.

* 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) End Date OR Discharge Date (MMDDYYYY) Total Units/Visits/Days

OUTPATIENT SERVICE TYPE* (Enter the Service type number in the boxes)

712 Cochlear Implants & Surgery	650 Radiation Therapy	510 BH Medical Management	DME (Orthotics and Prosthetics) 417 Rental 120 Purchase <input type="text"/> (Purchase Price)
299 Drug Testing	201 Sleep Study	530 BH Partial Hospitalization Program (PHP)	
922 Experimental & Investigational Services	993 Transplant Evaluation	512 BH Community Based Services	
205 Genetic Testing & Counseling	209 Transplant Surgery	513 BH Crisis Psychotherapy	
249 Home Health	724 Transportation	514 BH Day Treatment	
290 Hyperbaric Oxygen Therapy	212 Therapy Evaluation	515 BH Electroconvulsive Therapy	
395 Infertility Diagnosis or Treatment	790 Occupational Therapy	518 BH Mental Health/Chemical Dependency Observation	
729 Neuropsychological Testing	101 Physical Therapy	519 BH Outpatient Therapy	
410 Observation	701 Speech Therapy	520 BH Professional Fees	
997 Office Visit/Consult		512 BH Psychological Testing	
794 Outpatient Services		522 BH Psychiatric Evaluation	
171 Outpatient Surgery			
202 Pain Management			
422 Biopharmacy (Please fax to 1-844-943-1508)			

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.