KanCare | Healthy Blue

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Precertification Request

To prevent delay in processing your request, please fill out this form in its entirety with all applicable information and submit to: Healthy Blue prior authorization: Fax: **800-964-3627** or can submit digitally through Availity Essentials at **https://Availity.com**.

Today's date: Provider return fax:

☐ Elective: To be selected for all Outpatient, Inpatient Pre-Service cases, and Post Service (retrospective) cases.
☐ Emergency: To be selected for all unplanned inpatient admissions. Do not use for outpatient cases.
☐ Urgent: Can be selected for outpatient and inpatient Pre-Service cases if caller is requesting Urgent review.

Member information			
First name:		Last name:	
Address:			
City, state, ZIP code:			
Member ID:			
Contact phone:		DOB:	
Additional member information:			

Referring provider	☐ **Participating**		☐ **Nonparticipating**		
Full name:					
NPI:		Provider ID:		TIN:	
Office contact name:					
Office phone:		Office fax:			
Address:					

KSHB-CD-064137-24-SRS62542 January 2025

City, state, ZIP code:	
Specialty:	

Servicing facility		☐ **Participating**		☐ **Nonparticipating**	
Full name:					
NPI:		Provider ID:		TIN:	
Office contact name:					
Office phone:			Office fax:		
Address:					
City, state, ZIP code:					
Specialty:					

Requested service (For type of service, check all that apply.)	
Date/date range of service:	
ICD-10-CM code(s):	
CPT® or HCPCS code(s) (Include requested units/visits.):	
Type of service: ☐ Outpatient ☐ Inpatient ☐ Skilled nursing facility ☐ Long-term services & supports/long-term care ☐ Home health ☐ Durable medical equipment ☐ Diagnostic study ☐ Hospice ☐ Office visit ☐ Personal care services ☐ Other:	
Requested service (For type of service, check all that apply.) Place of service: ☐ Hospital ☐ Ambulatory surgery ☐ Office ☐ Home ☐ Independent lab ☐ Nursing facility ☐ Other:	

Additional information:	

Submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a request for extension or modification of an existing authorization from Healthy Blue, provide the authorization number with your submission.

* Practitioners request for services as *Urgent*, *Expedited* or *STAT* are processed as nonurgent if the request does not meet Expedited/Urgent Care/STAT as defined below:

- Expedited/Urgent/STAT request: any request for medical care or treatment with respect to which the application of the time periods for making nonurgent care determinations could result in the following circumstances:
- Serious jeopardy to the life, health, or safety of:
- The member or the member's ability to regain maximum function based on a prudent layperson's judgement or
- The member or others due to member's psychological state.
- Pregnant women or fetus.
- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.

Disclaimer: This is not a guarantee of payment. All services are subject to any and all plan provisions, limitations and patient eligibility at the time services are rendered.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

Providers: You are required to return, destroy or further protect any PHI that you receive pertaining to patients that you are not treating. You are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or redisclose such PHI.