Children's Mercy PEDIATRIC CARE NETWORK | KanCare | Healthy Blue

Kansas | Healthy Blue | Medicaid

Precertification Request

To prevent delay in processing your request, please fill out this form in its entirety with all applicable information and submit by fax to **888-670-7260**.

Today's date: _____ Provider return fax: _____

- ☐ **Elective:** to be selected for all outpatient cases, inpatient preservice 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 preservice cases if caller is requesting urgent review

Member information			
First name:		Last name:	
Address:			
City, state, ZIP:			
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:			

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Referring provider	☐ Participating	☐ Nonparticipating
Address:		
City, state, ZIP:		
Specialty:		

Servicing (billing) provider			☐ Participating		☐ Nonparticipating
Full name:					
NPI:		Provider ID:		TIN:	
Office contact name:					
Office phone:		Office fax:			
Address:					
City, state, ZIP:					
Specialty:					

Servicing facility			☐ Participating		☐ Nonparticipating
Name:					
NPI:		Provider ID:		TIN:	
Facility contact name:					
Facility phone:		Facility fax:			
Address:					
City, state, ZIP:					

Requested service (For type of service below, select all that apply.)
Date/date range of service:
ICD-10-CM code(s):
CPT® or HCPCS code(s) (Include requested units/visits.):

Requested service (For type of service below, select all that apply.)
Type of service: ☐ Outpatient ☐ Inpatient ☐ Home health ☐ Durable medical equipment ☐ Diagnostic study ☐ Hospice ☐ Other:
Place of service: ☐ Hospital ☐ Ambulatory surgery ☐ Office ☐ Home ☐ Independent lab ☐ 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.

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

- 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.
        - The member or others due to the 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 being requested.

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.