



Kansas Medical Assistance Program
P O Box 3571
Topeka, KS 66601-3571
Provider 1-800-933-6593
Beneficiary 1-800-766-9012

BONE ANCHORED HEARING AIDS

REQUIRED INFORMATION

1. Completed Bone Anchored Hearing Aids (BAHA) form
2. Completed [Explanation of Necessity for Hearing Aids](#) form
3. A letter of medical necessity (including manual dexterity and ability to provide proper hygiene)
Note: Refer to the [Audiology Provider Manual](#) for specific information that must be included in the letter.

BILLING (PROVIDER) INFORMATION

(For a provider to bill for this service, they must be included on the approved prior authorization.)

Performing provider #: _____ Provider NPI #: _____

Procedure code to be billed	Description

Facility provider #: _____ Provider NPI #: _____

Procedure code to be billed	Description

Orthotics provider #: _____ Provider NPI #: _____

Procedure code to be billed	Description

GENERAL BENEFICIARY INFORMATION

Beneficiary Medicaid ID #	Beneficiary name (Last, First, MI)	Date of birth

Name, phone and fax number of person completing this form:

Name _____ Phone _____ Fax _____

All necessary information must be faxed to 1-800-913-2229.
This request cannot be processed unless instructions are completed correctly.
 Prior authorization (PA) does not guarantee eligibility.
 If a service is noncovered by Medicaid/MediKan, then PA is void.
PA does not override primary care case management (PCCM) referral limitations.
 PA does not override program limitations.