



Hyperbaric Oxygen Therapy Prior Authorization Form

This form must be completed by the provider and submitted to the fiscal agent Prior Authorization department for Kansas Medicaid.

Beneficiary name, Billing provider KS, MCD ID #, Physician name, Phone number, Beneficiary ID #, Billing provider KS, MCD ID #, Hospital name, Phone number

Hospital Providers Only Which procedure code is being requested: 99183 OR G0277
Hospital providers must choose only one of the two codes listed. If a code is not chosen, G0277 will default as the only billable code.

Physicians Only Currently the only code available for physicians is 99183.

Hyperbaric Oxygen Therapy (HBOT) is being requested for what medical condition?

What is the diagnosis code? How many treatment sessions are being requested?

What treatments have been attempted and for what period of time?

The rest of the form must be completed if the HBOT is being requested to treat a lower extremity diabetic wound.

Does the beneficiary have Diabetes Type 1 or Type 2? Yes No

Is the lower extremity wound due to diabetes? Yes No

What is the WAGNER grade of the wound?

Initial wound measurement:

Initial wound description:

Current wound measurement:

Current wound description:

Description of wound treatments that have been implemented and failed and when and how long these treatments were attempted:

Completed form must be faxed to Prior Authorization at 1-800-913-2229.

This form will be returned unprocessed if it is not completed in its entirety.

If a case has been started and the information requested is not received within 15 working days, the case will be denied.