



Kansas Medical Assistance Program
PO Box 3571
Topeka, KS 66601-3571
Provider 1-800-933-6593

Hyperbaric Oxygen Therapy Prior Authorization

RENEWAL

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

Beneficiary name	<input type="text"/>	Beneficiary ID #	<input type="text"/>
Billing provider KS	<input type="text"/>	Billing provider KS	<input type="text"/>
MCD ID #	<input type="text"/>	MCD ID #	<input type="text"/>
	PHYSICIAN		HOSPITAL
Physician name	<input type="text"/>	Hospital name	<input type="text"/>
Phone number	<input type="text"/>	Phone number	<input type="text"/>

How many more treatment sessions are being requested?

Procedure code(s) being billed for the treatment?

Why are more treatment sessions needed?

What other treatments have been used while receiving HBOT?

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

Wound measurement and description at the start of HBOT

Current wound measurement and description

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.