



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

**REQUEST FOR REVIEW**

**NDC-HCPCS or CPT® Crosswalks**

If a claim denies due to an NDC-HCPCS crosswalk mismatch, you can request a review. Complete this form in its entirety, giving a detailed explanation and providing any available references in the **Notes** section. Fax as indicated below. The completed request will be reviewed by KMAP clinical staff to determine if any action needs to be taken. A response will be sent within 14 business days of the initial fax.

**Fax: 785-267-7687**

**Include a cover sheet with Attention: Pharmacy Department.**

*Note:* This form does not address coverage or payment information for the NDC or HCPCS codes being reviewed.

<b>Provider name</b>		<b>KMAP ID or NPI</b>	
<b>Contact person</b>		<b>Contact phone #</b>	
<b>Date of request</b>		<b>Fax #</b>	
<b>NDC-HCPCS INFORMATION</b>			
<b>HCPCS or CPT code</b>		<b>Code description</b>	
<b>Drug name</b>		<b>11-digit NDC # 00000-0000-00</b>	
<b>13-digit claim ICN #</b>		<b>Beneficiary ID</b>	<b>Date of service</b>
<b>Notes</b>			
<b>FOR KMAP USE ONLY</b>			
<b>Reviewer #1</b>		<b>Reviewer #2</b>	
<b>Date of review</b>		<b>Approved YES NO</b>	<b>Date provider notified</b>
<b>Name of contact person notified</b>			
<b>Crosswalk added by</b>		<b>Crosswalk effective date</b>	
<b>Reviewer notes</b>			<b>CTN #</b>

If a response is not received within 14 business days, contact KMAP Customer Service at 1-800-933-6593 and ask for Pharmacy.

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