Kansas Acute and LTC/LTSS Prior Authorization Fax Request Form

Acute Fax: 866-943-6474
LTC/LTSS Fax: 877-950-6887
Phone: 866-604-3267

UnitedHealthcare® Community Plan

Please complete this form and fax it to the appropriate number listed above. Include all relevant clinical data such as progress notes, treatments rendered, tests, lab results, and radiology reports with this form to support the request for services and avoid a delay in the determination. If you have any questions, please call Medicaid Prior Authorization at **866-604-3267.**

Please go to **UHCCommunityPlan.com** for the list of services that require prior authorization and to see the Provider Administrative Guide for more information regarding prior authorization requirements. Thank you.

Date:	Contact person:	Phone:
Requesting provider:		TIN/NPI:
Fax number:	Is this a HIPAA secure fax line? ☐ Yes ☐ No	

Member Information

Member name:		Member ID:
Date of birth:	Member phone number:	Is member pregnant? ☐ Yes ☐ No
Is request related to a motor vehicle accident/injury or work-related injury? ☐ Yes ☐ No		
Does the member have other insurance? ☐ Yes ☐ No	**If yes,** Medicare ☐ Part A ☐ Part B	
Other insurance name and policy number:	Is request due to member's retrospective eligibility? ☐ Yes ☐ No	

Type of Request

Choose One: ☐ Inpatient ☐ Outpatient ☐ Home Care

Choose One: ☐ Routine ☐ Expedited/Urgent*

** Expedited/Urgent requests must include a physician order that indicates that waiting for a decision within the standard timeframe could endanger the member's life, health, ability to regain maximum functionality or cause serious pain.*

Servicing Provider and Facility Information

Servicing provider:	TIN/NPI:
Address:	Fax:
Date of service:	☐ In-network ☐ Out-of-network
Servicing facility:	TIN/NPI:
Address:	☐ In-network ☐ Out-of-network
For out-of-network providers only: Do you accept Medicaid/Medicare default rate? ☐ Yes ☐ No	

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Clinical Information		
Diagnoses:	ICD-10 codes:	
Required CPT/HCPCS Code(s):		
Description required for miscellaneous and/or unlisted codes:		
Number of visits:	Start date:	End date:
Frequency:	DME Cost: $	
Number of previous visits, service description and CPT/HCPCS codes:		