Notification to create authorization in EVV/Authenticare for Home Health Care Services

KanCare | aetna Aetna Better Health of Kansas

FAX TO: 1-855-225-4102 TELEPHONE: 1-855-221-5656

AETNA BETTER HEALTH OF KANSAS
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210
TELEPHONE NUMBER: 1-855-221-5656
TTY: 711

DATE OF REQUEST (MM/DD/YYYY):

Please only submit this form for notifications to Aetna to create an authorization in EVV/Authenticare for HHCS (Home Health Care Services).

MEMBER INFORMATION		
1. LAST NAME:	2. FIRST NAME:	3. MI:
4. MEMBER AETNA ID # (*REQUIRED*):	5. DATE OF BIRTH (MMDDYYYY) (*REQUIRED*):	6. MEMBER'S PCP:

7. PCP PHONE NUMBER (xxx-xxx-xxxx):	8. PCP FAX NUMBER (xxx-xxx-xxxx):
9. GENDER: ☐ MALE ☐ FEMALE ☐ OTHER	10. MEMBER PHONE NUMBER (xxx-xxx-xxxx):

ORDERING/REFERRING PROVIDER INFORMATION	
11. CONTACT PERSON IN REQUESTING PROVIDER'S OFFICE:	12. PHONE NUMBER (xxx-xxx-xxxx):
13. ORDERING/REFERRING PROVIDER NAME:	
14. PHONE NUMBER (xxx-xxx-xxxx):	15. FAX NUMBER (xxx-xxx-xxxx):
16. ORDERING/REFERRING PROVIDER ADDRESS:	17. NPI # (*REQUIRED*):

SERVICING PROVIDER INFORMATION	
18. FACILITY / SERVICING PROVIDER NAME:	19. CONTACT NAME:
20. PHONE NUMBER (xxx-xxx-xxxx):	21. FAX NUMBER (xxx-xxx-xxxx):
22. SERVICING PROVIDER ADDRESS:	23. NPI # (*REQUIRED*):

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CLINICAL INFORMATION (ALL FIELDS REQUIRED)

24. SERVICE START DATE (MMDDYYYY):	SERVICE END DATE (MMDDYYYY):

25. ICD-10 / DSM-5 CODE(S) (*REQUIRED*):	26. ICD-10 / DSM-5 CODE(S) DESCRIPTION:

27. CPT / HCPCS CODE(S) (*REQUIRED*):	28. CPT / HCPCS CODE(S) DESCRIPTION:	29. QUANTITY / UNITS:

AUTHORIZATION DOES NOT GUARANTEE PAYMENT. ALL AUTHORIZATIONS ARE SUBJECT TO MEMBER ELIGIBILITY ON THE DATE OF SERVCE. TO ENSURE PROPER PAYMENT FOR SERVICES RENDERED, PROVIDER/ FACILITY MUST VERIFY ELIGIBILITY ON THE DATE OF SERVICE.