



Kansas Medical Assistance Program
 PA Phone 800-933-6593
 PA Fax 800-913-2229



**Aetna Better Health
 of Kansas**

Aetna Better Health of KS
 PA Medical Phone 855-221-5656
 PA Medical Fax 855-225-4102
 PA Pharmacy Phone 855-221-5656
 PA Pharmacy Fax 844-807-8453



Sunflower
 PA Medical Phone 877-644-4623
 PA Medical Fax 888-453-4316
 PA Pharmacy Phone 877-397-9526
 PA Pharmacy Fax 833-645-2740



United Healthcare
 PA Medical Phone 866-604-3267
UHCprovider.com
 PA Pharmacy Phone 800-310-6826
 PA Pharmacy Fax 866-940-7328

All fields may not be appropriate or necessary for all requests. Please submit information based on EPSDT considerations reflected in the form that, in your judgment may be pertinent/helpful for the specific case in aiding a determination of medical necessity.

EPSDT Medical Necessity Form

Non-Covered State Medicaid Plan Services Request Form for Recipients *Under 21 Years Old*

1. **Recipient information:** This must be completed by a physician, licensed clinician or other provider.

NAME: _____
 DATE OF BIRTH: _____ (mm/dd/yyyy) MEDICAID ID NUMBER: _____
 ADDRESS: _____

2. **Medical Necessity:** All requested information, including CPT and HCPCS codes if applicable, as well as provider information, must be complete. Please submit records that support medical necessity.

REQUESTOR NAME: _____	PROVIDER NAME: _____
NPI: _____	NPI: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
_____	_____
TELEPHONE: _____	TELEPHONE: _____
FAX: _____	FAX: _____

REQUESTED PROCEDURE, PRODUCT OR SERVICE: _____

CPT/HCPCS CODE: _____ / _____

3. **In what capacity have you treated the recipient?** (Include how long you have cared for the recipient and the nature of the care.)

4. **What is the recipient's health history?** (Include chronic illness.)

5. **What is/are the recent diagnosis(es) related to this request?** (Include the onset and course of the disease and the recipient's current status.)

6. **What treatment has been given for the diagnosis(es) above?** (Include previous and current treatment regimens, duration, treatment goals and the recipient's response to treatment(s).)

7. **Please provide a description of how the requested procedure, product or service will correct or ameliorate the recipient's defect, physical or mental illness, or condition (the problem).** (Must include a detailed discussion about how the service, product or procedure will improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening or prevent the development of additional health problems.)

8. **Is this request for an experimental or investigational treatment?**

_____YES _____NO

9. **Is the requested product, service or procedure considered to be safe?***

_____YES _____NO

10. **Is the requested product, service or procedure effective?***

_____YES _____NO

11. **Are there alternatives to the product, service or procedure requested that would be more cost effective but similarly medically effective?**

_____YES _____NO

If yes, specify what alternatives are appropriate for the recipient and provide evidence base with this request, if available.

12. **What is the expected duration of treatment?**

REQUESTOR'S SIGNATURE & CREDENTIALS

DATE

*Kan. Admin. Regs. § 30-5-58 (ooo)

(2) "Effective" means that the intervention can be reasonably expected to produce the intended results and to have expected benefits that outweigh potential harmful effects."

(4) The scientific evidence for each existing intervention shall be considered first and, to the greatest extent possible, shall be the basis for determinations of medical necessity. If no scientific evidence is available, professional standards of care shall be considered. If professional standards of care do not exist, or are outdated or contradictory, decisions about existing interventions shall be based on expert opinion. Coverage of existing interventions shall not be denied solely on the basis that there is an absence of conclusive scientific evidence. Existing interventions may be deemed to meet this regulation's definition of medical necessity in the absence of scientific evidence if there is a strong consensus of effectiveness and benefit expressed through up-to-date and consistent professional standards of care or, in the absence of those standards, convincing expert opinion.