

Facility Tip Sheet

Kansas Health Advantage is an Institutional Special Needs Medicare Advantage Plan designed to meet the unique needs of Medicare Beneficiaries residing in certain institutional levels of care. Our plan is contracted with TruHealth Advanced Practice Providers and RN Case Managers who assist the Member's Primary Care Physician in coordinating care.

Important plan contact information

Provider help desk: General provider contract questions, claims status/payment questions, eligibility, general plan information	800-399-7524 (option 4)
Customer service: Verify member's benefits/coverage, general benefits questions	800-399-7524 (option 4)
Utilization management: Authorizations for medical services and continued stay reviews/updates	800-399-7524 (option 4)
TruHealth Advanced Practice Provider / RN Case Manager: Share clinical information, request clinical assistance	800-399-7524 (option 1) Fax: 866-381-0843
NAVITUS PHARMACY Technical Help Desk: General questions related to Part D drugs. Inquiries may pertain to operational areas related to Part D coverage such as benefit coverage, prior authorization, claims processing, claims submission, and claims payment.	866-270-3877
Website	KansasHealthAdvantage.com

Claims processing

Electronic claims (preferred)	Clearinghouse: Availity EDI billing number: 71066
Mailing address (paper claims)	P.O. Box 31039 Tampa, FL 33631-3039
For TIMELY FILING REQUIREMENTS for initial and corrected claims, please refer to your provider agreement.	

Facility billing guidelines For skilled nursing facilities for capitated members.

For complete billing instructions, see your Facility Billing Guide.

Part A SNF services	Post hospital-transfer skilled (SNF). Claim is required for tracking purposes. Bill using UB04 or EDI 71066; TOB 21X; Revenue code 0120 on line 0022 with all applicable diagnosis codes
Part B therapy	Per contract no authorization is required; member therapy needs should be communicated to Facility ISNP APP and / or CM. Bill all PT, OT, ST services separately from other Part B / supplemental services; follow CMS billing guidelines for coding
In-home / out-of-home support services	Ordered by PCP or Health Plan Care Team for companion to assist member with medical appointments outside facility or supervised visits in facility Bill using UB04; TOB 22X; Revenue code 3109; HCPCS code S5135 One unit = 15 minutes; 160 total units (40 hours) per year for 2026
Other Transportation (Kansas Health Advantage (HMO I-SNP))	Routine, non-emergent transportation services by facility-owned van/medical transport to any health-related location. Bill using UB04 or EDI 71066; TOB 22x or 24x; Revenue code 0542; HCPCS code A0130. 36 one-way trips per member per year; One unit = 1 one-way trip. Reimbursed \$45 per one-way trip.