



## Centurion of Kansas - Inmate Billing Instructions

\*\*\*\*\* Effective for Dates of service on or after 1/1/2024 \*\*\*\*\*

**\*\*Inpatient claims should be submitted directly to Kansas Medicaid for those patients deemed eligible.\*\***

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Name: \_\_\_\_\_

Inmate ID: \_\_\_\_\_

(must be 7 digits, include leading zeros, for adult offenders and 10 digits, including leading zeros, for juveniles)

DOB: \_\_\_\_\_

Authorization #: \_\_\_\_\_

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### **Electronic Claims Submission:**

EDI Payer ID -IHS11

For electronic billing questions – please contact: (877) 213-5225

### **Mailing address for Paper Claims:**

Centurion of Kansas, LLC

PO Box 9693

Arnold, MD 21012

### **To check claim status or patient eligibility:**

<https://hpitpa.com/your-resources/for-providers/check-claims-eligibility/>

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Claims inquiries – 1-855-202-2134, option 2

For inpatient admissions associated with an ER visit – please contact the Centurion UM department at 1-855-202-2134, option 1.