

External Independent Third-Party Review (EITPR) Cost Sheet

KANSAS FOUNDATION FOR MEDICAL CARE (KFMC)	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024 OPTIONAL	CY 2025 OPTIONAL
Case rate, Medical Necessity Reviews	\$435.00	\$442.00	\$448.00	\$455.00	\$462.00	\$469.00
Additional Costs - Medical Director Testimony	\$55.00	\$56.00	\$57.00	\$57.00	\$58.00	\$59.00
TOTAL CASE RATE - MEDICAL NECESSITY REVIEWS	\$490.00	\$498.00	\$505.00	\$512.00	\$520.00	\$528.00
Case Rate, Adverse Payment Reviews	\$135.00	\$137.00	\$139.00	\$141.00	\$143.00	\$145.00
Additional Costs - KFMC Staff Testimony	\$20.00	\$20.00	\$21.00	\$21.00	\$21.00	\$22.00
TOTAL CASE RATE - ADVERSE PAYMENT REVIEWS	\$155.00	\$157.00	\$160.00	\$162.00	\$164.00	\$167.00
Administrative Fee for Partial Reviews - Tier 1 Medical Necessity Reviews	\$110.00	\$111.00	\$113.00	\$114.00	\$116.00	\$118.00
Administrative Fee for Partial Reviews - Tier 2 Medical Necessity Reviews	\$175.00	\$178.00	\$181.00	\$183.00	\$186.00	\$189.00
Administrative Fee for Partial Reviews - Tier 3 Medical Necessity Reviews	\$225.00	\$228.00	\$232.00	\$235.00	\$239.00	\$242.00
Administrative Fee for Partial Reviews - All Adverse Payment Reviews	\$65.00	\$66.00	\$67.00	\$68.00	\$69.00	\$70.00