

WVCHIP PRIOR AUTHORIZATION FORM

Today's Date _____ **FAX 1-844-633-8430 HOSPICE**

REGISTRATION ON ATTREZO IS REQUIRED TO SUBMIT PRIOR AUTHORIZATION REQUESTS WHETHER BY FAX OR ELECTRONICALLY.
DETERMINATIONS ARE AVAILABLE ON <https://portal.kepro.com/>

ATTREZO Requesting/Submitting Organization _____ Please list exactly as registered on ATTREZO
Address, City, State, Zip _____

ATTREZO Requesting/Submitting Organization NPI _____ Please list exactly as registered on ATTREZO

Person Submitting Request _____ **Phone** _____ **Fax** _____ **Email** _____

Referring/Ordering Provider _____ (Per policy the Referring/Ordering Provider must be actively enrolled with WVCHIP)

Name Do not write "See Above"	NPI Number	
Contact Information	Phone	Fax:

Place of Service/Service Provider _____ (Per policy the Place of Service/Service Provider must be actively enrolled with WVCHIP)

Name Do not write "See Above"	NPI Number	
Address, City, State, Zip		

Member WVCHIP Number _____ **DOB** _____

Member First Name _____ **Last Name** _____

Authorization Type: Prior Authorization
 Retrospective WVCHIP Eligibility
 Retrospective Request, if applicable list the appropriate reason:

List Other Retro Reason:

List ICD Diagnosis Code(s): Primary ICD DX: _____
Symptoms: _____

Is the prognosis for primary diagnosis a terminal with life expectancy of less than six months? Yes _____ No _____
Other Dx: _____

ELECTION: Election 1 Additional Election 1 Inpatient Stay
 Election 2 Additional Election 2 Inpatient Stay
 Election 3 Additional Election 3 Inpatient Stay
 Election 4 Additional Election 4 Inpatient Stay
 Subsequent Election
 Additional Subsequent Election Inpatient Stay

Election Effective Date:

Service Code: Routine Home Care **Units** _____
 Continuous Home Care **Units** _____
 Inpatient Respite Care **Units** _____
 Inpatient Facility Care **Units** _____
 Nursing Facility Reimbursement **Units** _____

FOR NURSING FACILITY REIMBURSEMENT (658) ONLY

Nursing Home: _____

Address: _____

Phone: _____

Site of Service Provision Community/Home Hospice Facility Inpatient Facility Nursing Home