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PRIOR AUTHORIZATION MODIFICATION REQUEST

FAX TO 1.866.209.9632

THIS FORM IS TO BE USED FOR EXISTING AUTHORIZATIONS ON ATTREZZO PROVIDER PORTAL FOR WV MEDICAID MEMBERS NOT ENROLLED IN MANAGED CARE (MCO) COVERAGE

Please Note: This form cannot be used for Servicing Provider changes.

***INDICATES REQUIRED FIELD**

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|---|---|---------------------------|
| *ATREZZO Provider Portal Submitting Organization: | | |
| *ATREZZO Provider Portal Submitting Organization NPI: | | |
| *ATREZZO Servicing Provider Name: | ***Claim form or remittance advice is required if modification request is submitted by servicing provider.*** | |
| *ATREZZO Servicing Provider NPI: | | |
| *Contact Person: | | *Contact Email: |
| *Telephone: | | *Fax: |
| Member Last Name: | | * Member Medicaid ID: |
| *ATREZZO CASE ID: | | *Prior Auth Number (PA#): |
| Modification Needed: | <input type="checkbox"/> End Date Change (<u>Inpatient end dates cannot be modified</u>) <ul style="list-style-type: none"> Currently Listed As: _____ Modify To: _____ <input type="checkbox"/> Unit Correction-Units incorrect on authorization due to KEPRO error <ul style="list-style-type: none"> Currently Listed As: <ul style="list-style-type: none"> # of Units _____ Modify to # of Units _____ Unit Additional -CPT codes under <u>same Service Group ONLY</u> <ul style="list-style-type: none"> CPT Code(s) Authorized: _____ Service Group: _____ Additional CPT code: _____ Service Group: _____ <ul style="list-style-type: none"> # of Units _____ Modify to # of Units _____ | |
| *Justification for Modification: | <p>Please note: Unit changes are processed only if units were incorrect on authorization or if an additional CPT code is under the same Service Code Grouping as original CPT code authorized. <u>If additional units or additional CPT codes are being requested for any other reason, the modification will not be processed.</u> Providers may request additional units by submitting a copy for correction of an original request or submitting a new request in the DDE (Direct Data Entry) Acentra Health system.</p> | |
| <p style="text-align: center; font-weight: bold;">Multiple PA#s Needing Combined into single PA# for Same Day Services PLEASE COMPLETE & INCLUDE CLAIM FORM</p> <p style="text-align: center; color: red; font-weight: bold;"><u>AUTH NUMBERS REQUIRING ADJUSTMENT:</u></p> | <p>Please Note: This form can be used ONLY for Acentra Health error. If multiple authorization requests were keyed, submitting Provider must perform copy for correction or copy for new submission.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> | |