

WV MEDICAID PRIOR AUTHORIZATION FORM

Today's Date _____

FAX 1.844-633-8431 VISION =>21

REGISTRATION ON ATTREZO IS REQUIRED TO SUBMIT PRIOR AUTHORIZATION REQUESTS WHETHER BY FAX OR ELECTRONICALLY.

DETERMINATIONS ARE AVAILABLE ON <https://atrezzo.acentra.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 WV Medicaid)

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

Place of Service/Servicing Provider

(Per policy the Place of Service/Servicing Provider must be actively enrolled with WV Medicaid)

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

Member Medicaid Number _____ DOB _____

Member First Name _____ Last Name _____

Authorization Type: Prior Authorization Place of Service: OFFICE
 Retrospective Request, if applicable list the appropriate reason:
 Denied by Member's Primary Payer Retrospective Medicaid Eligibility

List Other Retro Reason:

For Members under age 21, is this request an EPSDT referral? Yes NO **If yes, please submit the most current EPSDT form on file**

Type of Admission/Procedure: Emergency/Medically Urgent Non-Urgent Date of Last Vision Exam: _____

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

92134	<u>SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; RETINA</u>	POS: 11 OFFICE # of Units: 1 Start Date: ____/____/____
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If This Is a Repair Or Replacement Request Please Answer The Following Question:

- Has Visual Appliance Been Repaired Or Replaced Within The Past Year? Yes No
- If Yes, Please Indicate How Many Times Visual Appliances Have Been Repaired Or Replaced.
 - Please Indicate Number Of Times: _____

ADDITIONAL ANNOTATIONS:
