

# WV MEDICAID PRIOR AUTHORIZATION FORM

## FAX 1-844-633-8429 CARDIAC REHAB

Today's Date \_\_\_\_\_

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

**Referring/Ordering Provider** (Per policy the Referring/Ordering Provider must be actively enrolled with WV Medicaid)

<b>Name</b> Do not write "See Above"	<b>NPI Number</b>
<b>Contact Information</b>	<b>Phone</b> <b>Fax:</b>

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

<b>Name</b> Do not write "See Above"	<b>NPI Number</b>
<b>Address, City, State, Zip</b>	

Member Medicaid Number \_\_\_\_\_ DOB \_\_\_\_\_

Member First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

<b>List Other Retro Reason:</b>
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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 Place of Service:  Office  Independent Clinic  OP Hospital

<b>List ICD Diagnosis Code(s):</b>
Primary ICD DX: _____ Symptoms: _____
Other DX: _____

<b>CIRCLE Service Code(s) Requested:</b>	<b>START DATE</b> _____
_____ <b>93797 # of units</b> _____	_____ <b>93798 # of units</b> _____

**Mark all applicable for Initial Admission and supply Justification of Medical Necessity**

<input type="checkbox"/>	Acute Myocardial Infarction
<input type="checkbox"/>	Angina Pectoris
<input type="checkbox"/>	Cardiac Dysrhythmias
<input type="checkbox"/>	Cardiomegaly
<input type="checkbox"/>	Complication of Transplanted Organ; Heart
<input type="checkbox"/>	Functional Disturbances Following Cardiac Surgery
<input type="checkbox"/>	Heart Failure
<input type="checkbox"/>	New Evidence of Ischemia or an exercise test including Thallium scan
<input type="checkbox"/>	Old Myocardial Infarction
<input type="checkbox"/>	Organ/Tissue replaced by other means; Heart
<input type="checkbox"/>	Organ/Tissue replaced by other means; Heart Valve
<input type="checkbox"/>	Other acute & subacute forms of Ischemic Heart Disease
<input type="checkbox"/>	Other Diseases of Endocardium
<input type="checkbox"/>	Other forms of Chronic Ischemic Heart Diseases
<input type="checkbox"/>	Other Post Procedural States; Automatic Implantable Cardiac Defibrillator
<input type="checkbox"/>	Other Post Procedural States; Percutaneous Transluminal Coronary Angioplasty Status
<input type="checkbox"/>	Other Post Procedural States; Unspecified Cardiac Device
<input type="checkbox"/>	Personal history of other Cardio Respiratory Problems; Exercise Intolerance with Pain; at rest; with less than ordinary activity; with ordinary activity

**MEDICAL JUSTIFICATION:**

PLEASE INDICATE/INCORPORATE ALL ASSOCIATED MEDICATIONS, TREATMENTS, THERAPIES, PREVIOUS DIAGNOSTIC STUDIES, ETC.,  
(TO INCLUDE THE RELATION, DURATION, OUTCOMES, ACTIVITY MODIFICATIONS):

**Current Plan of Care:**

**FREQUENCY (# OF) SESSIONS/WEEKS** \_\_\_\_\_ **START DATE** \_\_\_\_\_ **END DATE** \_\_\_\_\_

**PLANNED INTERVENTION/TREATMENTS-EXERCISE TRAINING DURATION:**

20 Minutes     40 Minutes     60 Minutes     LIST Other: \_\_\_\_\_

**PLANNED INTERVENTIONS/TREATMENTS EXERCISE/TRAINING SESSION (Check all applicable)**

- ECG/EKG Monitoring during exercise
- ECG/EKG rhythm strip with interpretation & physician revision of the exercise program
- Limited physician follow-up to adjust medication or other treatment(s) related to program

**EXPECTED GOAL (Check all applicable)**

- Improve blood cholesterol levels
- Improve psychosocial well-being
- Increase exercise tolerance
- Reduce Mortality
- Reduce symptoms of chest pain/shortness of breath