



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
 - Election 2
 - Election 3
 - Election 4
 - Subsequent Election
 - Additional Subsequent Election Inpatient Stay
 - Additional Election 1 Inpatient Stay
 - Additional Election 2 Inpatient Stay
 - Additional Election 3 Inpatient Stay
 - Additional Election 4 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