



DATE: _____

PRIOR AUTHORIZATION MODIFICATION REQUEST

FOR [HTTPS://PROVIDERPORTAL.KEPRO.COM](https://providerportal.kepro.com)

THIS FORM IS TO BE USED FOR EXISTING AUTHORIZATIONS ON CARECONNECTION® PROVIDER PORTAL C3 FOR WV MEDICAID MEMBERS

FAX TO 1.866.209.9632

C3 Provider Portal Submitting Organization:	
C3 Provider Portal Submitting Organization NPI:	
C3 Servicing Provider Name:	***Claim form or remittance advice is required if modification request is submitted by servicing provider.***
C3 Servicing Provider NPI:	
Contact Person:	Contact Email:
Telephone:	Facsimile:
Member Last Name:	Member Medicaid ID:
C3 Request ID:	Prior Auth Number (PA#):
Justification for Modification:	<input type="checkbox"/> End Date Change (Inpatient end dates cannot be modified) <ul style="list-style-type: none"> • Currently Listed As: _____ Modify To: _____
	<input type="checkbox"/> Units <ul style="list-style-type: none"> • Currently Listed As: _____ # of Units _____ Modify to # of Units _____ <p>Please note: Unit changes are processed only if units were incorrect on authorization. If additional units or additional CPT codes are being requested, the modification will not be processed. 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) Kepro system.</p>
<p>Multiple PA#s Needing Combined into single PA# for Same Day Services PLEASE COMPLETE & INCLUDE CLAIM FORM</p> <p><u>AUTH NUMBERS REQUIRING ADJUSTMENT:</u></p>	1. _____
	2. _____
	3. _____
	4. _____
	5. _____
	6. _____