

WV MEDICAID PRIOR AUTHORIZATION FORM

Today's Date _____

FAX 1.844-633-8431 VISION <21

REGISTRATION ON C3 IS REQUIRED TO SUBMIT PRIOR AUTHORIZATION REQUESTS WHETHER BY FAX OR ELECTRONICALLY.
DETERMINATIONS ARE AVAILABLE ON [HTTPS://PROVIDERPORTAL.KEPRO.COM](https://providerportal.kepro.com)

C3 Requesting/Submitting Organization _____ Please list exactly as registered on C3

Address, City, State, Zip _____

C3 Requesting/Submitting Organization NPI _____ Please list exactly as registered on C3

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/Service Provider (Per policy the Place of Service/Service 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 _____

Member Address, City, State, ZIP _____

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: _____

92019	<u>EYE EXAM & TREATMENT</u>	POS: 11 OFFICE # of Units: 1 Start Date: ____/____/____
92326	<u>REPLACEMENT OF CONTACTS LENS</u>	POS: 11 OFFICE # of Units: 1 Start Date: ____/____/____
92065	<u>ORTHOPTIC/PLEOPTIC TRAINING</u>	POS: 11 OFFICE # of Units: 1 Start Date: ____/____/____

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:
