



WVCHIP PRIOR AUTHORIZATION FORM

FAX 1-866-209-9632 TRANSPORTATION

Today's Date _____

Transportation Agency (Servicing Provider) _____ (Per policy the Servicing Provider must be actively enrolled with WVCHIP)

Name	NPI Number	
Address, City, State, Zip		
Contact Name		
Contact Phone Number:	Fax Number:	Email:

Member WVCHIP Number _____ DOB _____

Member First Name _____ Last Name _____

Authorization Type: Prior Authorization
 Retrospective WVCHIP Eligibility

List Other Retro Reason:

Type of Transport: Emergent/Medically Urgent Non-Emergent/Non-Urgent

Reason for Transport/Condition (Include ICD-10 codes if available):

Please circle HCPCS code		(Required) Modifier: _____	
HCPCS Code	Description	HCPCS Code	Description
A0422	AMBULANCE O2 AND O2 SUPPLIES LIFE SUSTAINING	A0430	AMBULANCE SERVICE, FIXED WING AIR TRANSPORT
A0425	GROUND MILEAGE, PER STATUTE MILE	A0431	AMBULANCE SERVICE, ROTARY WING AIR TRANSPORT
A0426	ALS1 NON-EMERGENCY TRANSPORT	A0433	ALS 2, ADVANCED LIFE SUPPORT LEVEL 2
A0427	ALS1 EMERGENCY TRANSPORT	A0434	SPECIALTY CARE TRANSPORT SCT
A0428	BLS NON-EMERGENCY	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE
A0429	BLS EMERGENCY	A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE

LOCATION TO & FROM REQUIRED

TO: _____

FROM: _____

Round Trip Mileage: _____

Date(s) of Service: _____