

DATE: _____

WVCHIP PRIOR AUTHORIZATION MODIFICATION REQUEST

FAX TO 1.866-438-1360

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

Please Note: This form cannot be used for Servicing Provider changes.

***INDICATES REQUIRED FIELD**

*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 WVCHIP ID:
*C3 Request ID:	*Prior Auth Number (PA#):
Modification Needed:	<input type="checkbox"/> End Date Change (<i>Inpatient end dates cannot be modified</i>) <ul style="list-style-type: none"> Currently Listed As: _____ Modify To: _____ <input type="checkbox"/> Unit Correction-Units incorrect on authorization due to KEPRO error <ul style="list-style-type: none"> Currently Listed As: <ul style="list-style-type: none"> # of Units _____ Modify to # of Units _____ <p>Unit Additional -CPT codes under <u>same Service Group ONLY</u></p> <ul style="list-style-type: none"> CPT Code(s) Authorized: _____ Service Group: _____ Additional CPT code: _____ Service Group: _____ <ul style="list-style-type: none"> # of Units _____ Modify to # of Units _____ <p>Please note: Unit changes are processed only if units were incorrect on authorization or if an additional CPT code is under the same Service Code Grouping as original CPT code authorized. <u>If additional units or additional CPT codes are being requested for any other reason, the modification will not be processed.</u> 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>
*Justification for Modification:	
<p style="text-align: center;">Multiple PA#s Needing Combined into single PA# for Same Day Services PLEASE COMPLETE & INCLUDE CLAIM FORM</p> <p style="text-align: center;"><u>AUTH NUMBERS REQUIRING ADJUSTMENT:</u></p>	<p>Please Note: This form can be used ONLY for KEPRO error. If multiple authorization requests were keyed, submitting Provider must perform copy for correction or copy for new submission.</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____