



WVCHIP PRIOR AUTHORIZATION FORM

Today's Date _____

FAX 1-844-633-8430 HOSPICE

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