



# WVCHIP PRIOR AUTHORIZATION FORM

Today's Date \_\_\_\_\_

FAX 1.844-633-8431 VISION

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 \_\_\_\_\_

Member Address, City, State, ZIP \_\_\_\_\_

Authorization Type:  Prior Authorization      Place of Service: OFFICE

Retrospective WVCHIP Eligibility

Retrospective Request, if applicable list the appropriate reason:

List Other Retro Reason:

Type of Admission/Procedure:  Emergency/Medically Urgent     Non-Urgent    Date of Last Vision Exam: \_\_\_\_\_

List ALL Relevant ICD Diagnosis Code(s):

Primary DX: \_\_\_\_\_ Symptoms: \_\_\_\_\_

CPT CODE		POS: 11 OFFICE # of Units: 1 Start Date: ____/____/____
CPT CODE		POS: 11 OFFICE # of Units: 1 Start Date: ____/____/____
CPT CODE		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: