



DATE: \_\_\_\_\_

## PRIOR AUTHORIZATION MODIFICATION REQUEST

**FAX TO 1.866.209.9632**

THIS FORM IS TO BE USED FOR EXISTING AUTHORIZATIONS ON CARECONNECTION® PROVIDER PORTAL C3 FOR WV MEDICAID 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:	<b>***Claim form or remittance advice is required if modification request is submitted by servicing provider.***</b>
*C3 Servicing Provider NPI:	
*Contact Person:	Contact Email:
*Telephone:	*Facsimile:
Member Last Name:	* Member Medicaid ID:
*C3 Request ID:	*Prior Auth Number (PA#):
<p><b>Modification Needed:</b></p>	<input type="checkbox"/> End Date Change ( <i>Inpatient end dates cannot be modified</i> ) <ul style="list-style-type: none"> <li>Currently Listed As: _____ Modify To: _____</li> </ul> <input type="checkbox"/> Unit Correction-Units incorrect on authorization due to KEPRO error <ul style="list-style-type: none"> <li>Currently Listed As: <ul style="list-style-type: none"> <li># of Units _____ Modify to # of Units _____</li> </ul> </li> </ul> <p>Unit Additional -CPT codes under <u>same Service Group ONLY</u></p> <ul style="list-style-type: none"> <li>CPT Code(s) Authorized: _____ Service Group: _____</li> <li>Additional CPT code: _____ Service Group: _____</li> </ul> <ul style="list-style-type: none"> <li># of Units _____ Modify to # of Units _____</li> </ul> <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. <b><u>If additional units or additional CPT codes are being requested for any other reason, the modification will not be processed.</u></b> 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>
<div style="border: 2px solid black; padding: 5px;"> <p><b>*Justification for Modification:</b></p> </div>	
<p style="text-align: center;">Multiple PA#s Needing Combined into single PA# for Same Day Services PLEASE COMPLETE &amp; INCLUDE CLAIM FORM</p> <p style="text-align: center;"><b><u>AUTH NUMBERS REQUIRING ADJUSTMENT:</u></b></p>	<p><b>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.</b></p> <ol style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> </ol>