Kepro

	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:	*****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 Medicaid ID:
*C3 Request ID:	*Prior Auth Number (PA#):

Modification Needed:
 	
*Justification for Modification:
	☐ End Date Change _(Inpatient end dates cannot be modified)_
	
	• Currently Listed As: _____Modify To: _____
	
	☐ Unit Correction-Units incorrect on authorization due to KEPRO error
	• Currently Listed As:
	
	    # of Units_____ Modify to # of Units_____
	
	Unit Additional -CPT codes under _same Service Group ONLY_
	• CPT Code(s) Authorized: _____ Service Group:_____
	• Additional CPT code: _____ Service Group: _____
	
	    # of Units_____ Modify to # of Units_____
	
	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**. _If additional units or additional CPT codes are being requested for any other reason, the modification will not be processed._** 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.

Multiple PA#s Needing Combined into single PA# for Same Day Services PLEASE COMPLETE & INCLUDE CLAIM FORM AUTH NUMBERS REQUIRING ADJUSTMENT:	**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.** 1. _____ 2. _____ 3. _____