

West Virginia Bureau for Medical Services (BMS)
Utilization Management Contractor (UMC)
EPSDT Prior Authorization Form
For services not included in WV's State Medicaid Plan

Please fax this form, EPSDT exam form, EPSDT page 2 and any additional medical documentation to:
1-866-209-9632 - Attention EPSDT Service Medical Review

Request Date: _____

Member Information:

(Name) (Medicaid ID Number) (DOB)

(Address)

Referring Provider Information:

(Provider Name) (NPI Number) (Telephone)

(Fax) (Address)

Contact Person in Office: _____

Phone/Extension: _____

Date of EPSDT Visit: _____ (*attach EPSDT exam form & page 2*)

Medical Reason for Service:

100% Gtube dependent for nutrition-Z93.4

Service Being Requested, include CPT code/ICD-10:

APS USE ONLY:

Prior authorization #:

Prior authorization #:

Prior authorization #:

Member Primary Diagnosis:

100% Gtube dependent for nutrition- Z93.4,

Members Expected Treatment Plan:
(Attach documentation if necessary. Physician order MUST be attached)

Requested Start Date of Service: _____

Authorization Request ID#: *N/A- APS use only*

Inpatient or Outpatient Procedure/Service: *Outpatient*

Service Provider Information (Medical Foods Vendor):

(Provider Name) (NPI Number) (Telephone)

(Fax) (Address)

Contact Person: _____

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FOR UMC/BMS/CSHCN ONLY:

APPROVED: Yes: _____ From: _____ to _____

DENIED: _____ Detailed Letter to Follow

REVIEWER INITIALS: _____

BY: BUREAU FOR MEDICAL SERVICES/APS Healthcare, Inc.

EPSDT services requested shall require prior authorization by the Utilization Management Contractor (UMC) before services are provided. Referrals for EPSDT services shall be requested by an enrolled West Virginia Medicaid provider with required documentation of the EPSDT visit/plan of care and necessity for the service. This form shall be returned to the referring provider with the UMC/BMS determination and should be attached to claims submitted to Molina by the servicing provider.

NOTE: Paper claims must be submitted to Molina: ATTN: EPSDT request; EP modifier must be utilized for each service on the claim; a copy of this form must be attached to the claim.