

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

HOSPICE SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	ELECTIONS	ADDITIONAL INFORMATION
651	HOSPICE - ROUTINE HOME CARE	HOSPICE	REQUIRED	No Restriction	PRICED	Election #1= 90units Election #2= 90 units Election #3= 60 units Election #4= 60 units Subsequent = 60 units	
652	HOSPICE - CONTINUOUS HOME CARE	HOSPICE	REQUIRED	No Restriction	PRICED	Election #1= 90units Election #2= 90 units Election #3= 60 units Election #4= 60 units Subsequent = 60 units	
655	HOSPICE - INPATIENT RESPITE CARE	HOSPICE	REQUIRED	No Restriction	PRICED	Election #1= 90units Election #2= 90 units Election #3= 60 units Election #4= 60 units Subsequent = 60 units	
656	HOSPICE - GENERAL INPATIENT CARE	HOSPICE	REQUIRED	No Restriction	PRICED	Election #1= 90units Election #2= 90 units Election #3= 60 units Election #4= 60 units Subsequent = 60 units	
658	NURSING FACILITY REIMBURSEMENT	HOSPICE	REQUIRED	No Restriction	PRICED	Election #1= 90units Election #2= 90 units Election #3= 60 units Election #4= 60 units Subsequent = 60 units	
EPSDT	EPSDT SERVICE	HOSPICE	REQUIRED	Age <= 20 years old	NOT PRICED		For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx