Print Form

Confidential

WVMI Medicaid DME / Medical Supplies Authorization Request Form

Fax: 304-346-8185 **or** 1-877-762-4338 **Phone:** 304-414-2551 or (Toll Free) 1-800-296-9849

Request Date:_____ Member's Medicaid ID #:_____ Date of Birth: _____
(If Medicaid not primary, denial for requested items must be attached)

A. **Member** Name: _____ Phone #: _____
Member Address: _____

B. **Prescribing Practitioner N**ame: _____
Mailing Address: _____

Contact Name: _____ Phone# (_____) _____ Ext: _____
Fax # (_____) _____ E-Mail Address: _____

C. Name of **DME Vendor** Selected by Member: _____
Physical Address: _____
Provider #:_____ Phone #:_____ Fax #: _____

D.

ICD-9 Codes	Clinical Diagnosis	Date of Onset

E.

* Status	HCPCS Code	Item Description	Length of Need (# of Months)	Amt / Mo Requested	* Amt / Mo Approved

***** WVMI Use Only. Key: P=Pending, D=Denied

F. **Clinical Indication(s) for Item(s) requested:** _____
_____
_____
_____

G. **PRACTITIONER CERTIFICATION**

I certify that I have examined the member within the past 6 months and the equipment and/or supplies requested are part of the plan of care. They are reasonable, medically necessary, and cost effective, and are not a convenience item for the member or any individual involved with the member's care. I certify that the member or his representative have been offered a choice of vendors.

_____ _____ _____
Prescribing Practitioner's Signature ***(required)*** Medicaid ID# Date

***** REMINDER: Preauthorization for medical necessity does not guarantee payment***

For WVMI Use Only:

Approved:___ Authorization Number: _____ **Date:** _____

Denied:____ Detailed letter to follow

NOTICE OF CONFIDENTIALITY

The information contained in this facsimile is legally privileged and confidential and only for the use of the intended recipient. If you have received this in error you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. Please immediately notify us by phone at 1-800-642-8686, ext. 3273 and confirm the original message has been destroyed. Thank you.