

West Virginia prior authorization form Wellfleet



WELLFLEET
a Berkshire Hathaway Company

Common Current Procedural Terminology (CPT®), revenue, and Healthcare Common Procedure Coding System (HCPCS) codes requiring a prior authorization:

- Any inpatient services (use applicable HCPCS codes)

DIRECTIONS:

To submit a prior authorization, print and complete all fields with the required information and fax to Evernorth at 860.687.7329. Please attach any supporting clinical documentation with your fax submission.

For a full list of services that require prior authorization, including online guidelines and documents used to make this decision, please visit the Evernorth Provider website (Provider.Evernorth.com) > Review coverage policies to view current coverage policy information.

General information

Patient name		Submitter name	
Patient date of birth		Submitter telephone number	
Patient Wellfleet ID number			
Patient address			

Service details

Name of service or level of care requested	
CPT, revenue, or HCPCS codes requested (please indicate left, right, or bilateral, if applicable)	
Diagnosis (ICD-10 code, if available)	
Please indicate if the service is for inpatient, outpatient, or durable medical equipment (DME)	
Admission date (if applicable)	
Voluntary or involuntary admission	
Date of service, if available (please indicate if service is currently unscheduled)	
Number of visits or units requested (if applicable)	
Other/comments	

Provider details

Note: Please include the provider requesting and performing the service, as applicable. If requesting provider is the same as servicing provider, please indicate "same" in the applicable fields for servicing provider.

Requesting provider name	
Requesting provider telephone number	
Requesting provider Taxpayer Identification Number (TIN), if available	
Requesting provider address	
Servicing provider name	
Servicing provider telephone number	
Servicing Provider TIN, if available	
Servicing provider address	
Servicing provider network status (in network or out of network)	

Physician name	
Physician telephone number	
Physician TIN, if available	
Physician address	