

NC Medicaid Hospice Prior Approval Authorization Form

The Medicaid Hospice Benefit must be prior authorized before the election of the third (3rd) and each subsequent benefit period and for beneficiaries with Medicaid for Pregnant Women (MPW) coverage. ***A new prior authorization request must be submitted for each new benefit period.*** A proper prior authorization request consists of this form and the required attachments listed below. Submission of these documents will be uploaded in the PA benefit period. The request **MUST BE SUBMITTED NO LATER THAN TEN (10) DAYS PRIOR TO THE EXPIRATION OF THE CURRENT BENEFIT PERIOD** to avoid delay of service and reimbursement.

Beneficiary Information				
Last Name	First Name	Middle Initial	Date of Birth	
Street Address		City	State	Zip Code
Medicaid ID Number	Primary Hospice Diagnosis Description and ICD-10 Number			
Provision of Service Location (<i>Check one</i>): <input type="checkbox"/> Private Residence <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Other Facility				
If other facility, name of facility: _____				
If other facility, facility's Medicaid Provider Number: _____				
Hospice Provider Information				
Name of Hospice	Provider NPI	Accounting Phone No.	Accounting Fax Number	
Accounting Street Address		City	State	Zip Code
Authorized Contact Name	Authorized Contact Signature/Date		Authorized Contact Phone No.	
Authorized Email Address: _____				
Hospice Benefit Period Request Information				
Benefit Period Request Number: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Other		Certification Period Dates: Start Date: _____ End Date: _____		
Statement of Terminal Illness				
Attending Physician/Hospice Medical Director Name			Attending Physician/Hospice Medical Director Phone No.	
Signature			Date	
Required Attachments: Signed Election Statement (<i>once with each particular hospice</i>); Physician Certification/Recertification; Face-to-Face Encounter; Physician Plan of Treatment; and Supporting Clinical Documentation (i.e., medical history, nurses' notes, IDG notes, prognosis)				
*Note: Approval/denial of the request will be entered in NC Tracks once documentation review is completed. If the request is denied, NC Medicaid will forward the appropriate due process notifications to the beneficiary or legal representative.				