

Provider Algorithm

Medical Necessity

Prior Authorization

Child with special needs

Complete EPSDT initial, periodic or interperiodic screen

Determine diagnosis and item or service prescription

Such as:
Therapies:
Speech, Physical
Occupational

Services that exceed limitations of WV's State Medicaid Plan

Complete page 2 of the EPSDT PHS form

Gather any additional health documentation supporting diagnosis/need

Consult Regional Program Specialist

Fax completed forms and documentation to
1-866-209-9632

Such as:
Enteral Formula,
Unapproved FDA drugs

Services not included in WV's State Medicaid Plan

Complete page 2 of the EPSDT PHS form & the BMS/EPSDT Prior Authorization form

Gather any additional health documentation supporting diagnosis/need

Consult Regional Program Specialist

Fax completed forms and documentation to
1-866-209-9632

If an authorization or denial letter is not received within a **2 week period** contact:
wvmedicalservices@apshealthcare.com
or **1-800-346-8272**