Print Form

NC Medicaid Hospice Prior Approval Authorization Form

The Medicaid Hospice Benefit must be prior authorized before the election of the fifth (5th) 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. Submit these documents via fax to **919-715-9025** to **NC DMA Attention: Hospice Consultant**. 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 (*Check one*): □ Private Residence □ Adult Care Home □ Other Facility
If other facility, name of facility: _____
If other facility, facility's Medicaid Provide 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.	

Hospice Benefit Period Request Information

Benefit Period Request Number:	Certification Period Dates:
□ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ Other _____	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 Physician Certification/Recertification Hospice Plan of Care
Supporting Documentation (i.e., medical history, prognosis)

TO BE COMPLETED BY NC DMA REPRESENTATIVE

Approved Prior Approval # _____

Effective Date _____ End Date _____

Denied Reason(s) _____

_____

NC DMA Representative _____ Date: _____

***Note**: Approval/denial of the request will be entered into NCTracks once documentation review is completed. If the request is denied, NC DMA will also forward the appropriate due process notifications to the beneficiary or legal representative.