



## West Virginia Birth to Three Application for Over-ride of Denied Claim

*Requests for over-rides will only be considered after the claim has been submitted and denied by CSC/Covansys*

The following information must be completed for all requests

Date of Request \_\_\_\_\_

Child's Name	
Child ID Number	
Date(s) of Service	
Authorization Number	
Claim Number	
Denial Code and Description	
Practitioner/Payee Name	
Practitioner Mailing Address	
Payee Name	
Service Coordinator Name	
<b>Provide detailed information about reason for requested over-ride (please note – over-rides will only be given with sufficient documentation and justification)</b> <i>Over-rides will not be given for claims with services that exceed the timeframe or limits of an authorization</i>	

Email to: [dhhrwvbt@wv.gov](mailto:dhhrwvbt@wv.gov) **Subject line: Over-ride Request**

Or

Mail to: West Virginia Birth to Three  
Attn: Requested Over-ride  
350 Capitol Street Room 427  
Charleston, WV 25301-3714

Or

Fax to: **ATTN: 'WVBTT – Over-ride Request'**  
304-558-2183

Please remember to only send in a request for an over-ride due to timely submission of claims if the reason for your not billing within the 60 days of service is due to no fault of your own.