

Alabama Medicaid Agency Prior Authorization (PA) Change Request

Supplier Information	
Contact Name:	
NPI:	
Phone Number:	

Recipient Information	
Recipient Name:	
Medicaid ID:	

Prior Authorization Number	
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Reason for Change	
<p><i>Please use this section to denote what field(s) on the PA request require a change. Complete all applicable fields below.</i></p> <p><i>Examples: Add/Change Modifier: Add "RR" to "E1088"</i></p> <p><i>Correct Date(s) of Service: Change requested effective date from 08/01/2010 to 10/01/2010</i></p>	
Add/Change Modifier:	
Correct Number of Service(s):	
Correct Place of Service:	
Correct Diagnosis Code(s):	
Correct Date(s) of Service:	
Correct NPI:	
Other: (Please Explain)	
Comments	

NOTE: *The Alabama Medicaid Agency cannot revise a PA for which a claim has already been paid. The paid claim must be voided before the PA can be changed. **This form must be received within 90 days of the date of the approval on the PA decision letter.** **The form is to be used for PA requests in evaluation status or for simple changes to an approved PA, such as adding appropriate modifiers.** **The form is NOT to be used for reconsiderations of denied PAs; for procedure code changes, or for pharmacy PAs.***

- For DME, surgical, vision, ambulance and PDN PAs ONLY, fax to (888) 213 – 8548 (Qualis Health)
- For dental PAs, fax to: (334) 353-3426
- For radiology, cardiology, or ABA (Applied Behavior Analysis) therapy related PAs, fax to: (334) 242-0533

