Prior Authorization Data Correction Form

Purpose: Use this form to correct or modify non-clinical, administrative data on a previously submitted prior authorization request. This form cannot be used to request re-determination of medical necessity, nor does it take the place of a prior authorization request. Please allow up to 30 days for processing.

Attachments: Attachments are not required with this form. Documentation to fully support medical necessity must be submitted with the prior authorization request and be available in the recipient's medical record.

Upload this form through the Provider Web Portal.

Questions: If you have any questions, please call (800) 525-2395.

NOTES:	
Submission Date of This Form:	Date(s) of Service:
Are you an out of state provider? ☐ No ☐ Yes	Does TPL exist? ☐ No ☐ Yes

SERVICE TYPE *Indicate the type of service for which you are requesting a data correction.*

☐ Behavioral Health ☐ Dental/Orthodontia ☐ DME ☐ Home Health
☐ Inpatient Medical/Surgical ☐ Inpatient LTAC ☐ Inpatient Rehab
☐ Outpatient Medical/Surgical ☐ Outpatient Rehab ☐ Outpatient Therapy ☐ PCS ☐ RTC

AUTHORIZATION NUMBER

11-digit Authorization Number assigned to your original request:

BILLING PROVIDER INFORMATION

Provider Name:	NPI:
Contact Name:	
Phone:	Fax:

INFORMATION TO MODIFY

What non-clinical data on your original request should be modified?

Why should this data be modified?

RECIPIENT INFORMATION

Recipient Name:	
Date of Birth:	Recipient ID:
Admission Date or Begin Date of Service:	Discharge Date: