

Request to Update Procedure Code(s) on an Existing Authorization

Please use this form to update requests for precertification previously authorized by AmeriHealth HMO, Inc. and its affiliates (AmeriHealth) due to an addition or change to the procedure that was actually performed or intended to be performed. This form should be used only to report minor clinical revisions and not to report fundamentally different procedures (e.g., adding a hammertoe repair to a bunionectomy procedure) than the procedure identified at the time of the initial precertification request. Prior to processing this request, AmeriHealth retains the right to review the revised codes and may require additional clinical information in the event a code submitted varies substantially from the service or procedure for which precertification was authorized previously. In the event such additional review is necessary, AmeriHealth staff will contact your office. Revisions will only be accepted from the party who submitted the initial precertification request.

You can confirm that the requested revision was successfully completed by performing an Authorization Search via PEAR Practice Management two business days after submitting this form.

Second surgeons adding their procedure code(s) should continue to use the process of calling the Precertification Department at 1-800-275-2583 and should not use this form. Any coding reimbursement issues not related to precertification should be pursued through the provider appeals process.

If your organization is not registered for the Provider Engagement, Analytics & Reporting (PEAR) portal, visit the [Provider News Center](#).

To: Precertification Department

Fax: 215-238-2320

From: _____

Contact phone #: _____

Fax #: _____

Member information

Member ID #: _____

Last name: _____

First name: _____

Reference #: _____

Date of service: ____/____/____

Provider information

Last name: _____

First name: _____

Contact information

Last name: _____

First name: _____

Phone: (____) _____

Code information

Delete the following code(s): _____

Add the following code(s): _____

Reason for the requested change: _____

This form **must** be completed in its entirety; incomplete forms cannot be processed.

