

Amendment Process

- Amendments can be requested when there is a need to change a PA in *Approved* status only
- All Amendments MUST be faxed to HPE at 1-866-574-4991 or 405-702-9080 with the required forms
- Amendments MUST be received within 6 months of the date of service
- For continuation of Approved services a NEW Prior Authorization Request (PAR) with documentation must be submitted. Amendments for continuation of services will not be processed

FORMS REQUIRED:

HCA-13A – Prior Authorization Attachment Form Cover Sheet (must be the top page)

- In the upper right hand corner check the “Amended” box only
- Enter the Prior Authorization Number in box 3
- Bottom of the form include a contact person and phone number
- to HPE at 1-866-574-4991 or 405-702-9080

Provider Portal PA Screen Print OR Amendment Request Form

- Provider Portal Screen Print - Provide a copy of the PA submission with your hand written requested changes.
- Amendment Request Form HCA-60

WHAT CAN BE AMENDED

Dates of Service

- End Date can be amended to accommodate a schedule/delivery change
- Complete date spans can ONLY be adjusted for rental equipment. Delivery Ticket must be submitted with your amendment request

Unit Adjustment

- Units can be adjusted with sufficient documentation to support the adjustment

Coding Adjustment

- Coding can be adjusted with sufficient documentation to support change

Modifiers

- Modifiers can be added, removed or changed

Provider Numbers

- Provider Numbers can be changed within the same group as long as no claims have been paid

RID/Name Changes

- Submit amendment on the original PA to reduce dates and units to the services required during the new time frame
- NEW PA will have to be submitted for time frame that the NEW RID/Name Change became effective – You will need to include the units and time frame that are applicable for the NEW RID. You can notate in the NEW PA submission the original PA number

High Risk OB (HROB) AMENDMENTS

- Amendments can be requested when there is a need to change a PA in *Approved* status only
- All Amendments **MUST** be faxed at 1-866-574-4991 or 405-702-9080 with the required forms
- Amendments **MUST** be received within 6 months of the date of unit or code change

FORMS REQUIRED:

HCA-13A – Prior Authorization Attachment Form Cover Sheet

- In the upper right hand corner check the “Amended” box only
- Enter the Prior Authorization Number in box 3
- Bottom of the form include a contact person and phone number

CH-17 Form/Documentation

- On CH-17 form - draw line through item to change and write in changes or mark new items and initial
- Supporting clinical documentation