Alabama Medicaid Agency
Prior Authorization (PA) Change Request

Supplier Information	
Contact Name:	
NPI:	
Phone Number:	

Recipient Information	
Recipient Name:	
Medicaid ID:	

Prior Authorization Number	

Reason for Change	
Please use this section to denote what field(s) on the PA request require a change. *Complete all applicable fields below.* *Examples: Add/Change Modifier: Add "RR" to "E1088"* *Correct Date(s) of Service: Change requested effective date from 08/01/2010 to 10/01/2010*	
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: (833) 536-2134 or (833) 536-2136**
- **For dental PAs, email to: dentalprogram@medicaid.alabama.gov**
- **For ABA (Applied Behavior Analysis) therapy related PAs, fax to: (334) 242-0533**
- **For radiology or cardiology PAs, fax to: (334) 353-2309**
- **For TCM (targeted case management), fax to: (334) 215-7416**