



Dental Authorization Unit Prior Authorization Amendment Form

AMENDMENTS CAN ONLY BE REQUESTED ON APPROVED PRIOR AUTHORIZATIONS

This form must be completed with the correct information and attached via provider portal. Amendment request will be processed under the approved prior authorization number provided below. Incorrect and/or incomplete forms will not be processed.

PA#: _____

Member Name: _____ Member RID: _____

Type of Change:

_____ **Member RID Change – Members NEW RID:** _____

A new prior authorization will be created on the provider's behalf. The provider will need to review authorization notices, on provider portal, for new prior authorization number beginning with '05' containing the new member ID number.

_____ **Authorized End Date Extension**

Authorizations can only be extended a year from approved prior authorization's effective date. Be sure to check the member's eligibility before completing any approved services.

_____ **D8080 Pricing** – payment method or fee corrections.

_____ **Code Change** – only applicable for select dental procedure codes.

LINE ITEM	NEW CODE REQUESTED
A	
B	
C	
D	
E	
F	

LINE ITEM	NEW CODE REQUESTED
G	
H	
I	
J	
K	
L	

_____ **Other:** Please provide a detailed narrative in the remarks field on the provider portal or in the box below regarding your amendment request:

DEN-7



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767