



Dental Authorization Unit Prior Authorization Amendment Form

AMENDMENTS CAN ONLY BE REQUESTED ON APPROVED PRIOR AUTHORIZATIONS

This form must be completed and attached via provider portal. This form must be completed with correct information. Incorrect and/or incomplete forms will result in the denial of amendment request. Amendment request will be approved or denied under the prior authorization number provided below.

PA#: _____ Member RID: _____

Member Name: _____

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 the 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 crown codes and/or switching D2954 to D2950:

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



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