

GA Web Portal

FFS Autism Therapy Services

Prior Authorization

Provider User Manual - Version 1.2

Contents

Overview	3
Autism Therapy Request Guidelines and Restrictions	3
Autism Therapy PA Submission Instructions	3
Request Form.....	4
Provider Notifications	8
Reconsideration	11
Provider Correspondence	14
Change Requests.....	14

Revision History

Version	Date	Editor	Description
1.0	01/10/2018		First Published User Guide
1.1	01/29/2019	S. Reams	Update CPT codes, screen shots of new codes, addition of change request submission instructions, note added on page 5 for entering CPT codes on PAs.
1.2	03/23/2020	S. Reams	Update to screenshots for Creating an Attachment. Updated Contents table to include Reconsideration.

Overview

Providers may submit a request for Autism Therapy Services and attach supporting documentation via the Medical Review Portal. Once a request is submitted, the request data is added to the Alliant Health Prior Authorization (PA) system and is available for review by Alliant Health staff. Once the decision has been rendered, Providers will receive a No-Reply email to notify them that a decision has been rendered. Additionally, should the prior authorization receive a second level denial decision, the member will receive a notification letter from Alliant Health Solutions.

Autism Therapy Request Guidelines and Restrictions

- The PA type for Autism Therapy services is AU
- Providers must have COS code of 445 and a Specialty Code of 565 or 566
- Only Applied Behavioral Analysis (ABA) procedure codes may be entered on the request
- Separate PA's are needed: one PA for assessment codes and one PA for treatment codes
- System validation prevents assessment codes and treatment codes to be entered on the same PA
- Requests must have an effective/start date equal to or greater than the request date
- All requests may be submitted with a procedure start date up to 30 days in the future

Autism Therapy PA Submission Instructions

- Go to the **Georgia Web Portal** at www.mmis.georgia.gov and log in using your assigned username and password.
- From the *Secure Home* page, select [Prior Authorization](#) → [Medical Review Portal](#); then [Enter a New Authorization Request](#).

Welcome, Berrien County Hosp

Refresh session | You have approximately 17 minutes until your session will expire. Tuesday, Jun

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HI

Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files

Home Search Prior Authorization Submit/View **Medical Review Portal** Waiver Case Man Search Prior Authorization

★GAMMIS:Medical Review Portal <- Bookmarkable Link Click here for help and information ab Submit/View

User Information - Provider Medical Review Portal Waiver Case Medical Review Portal

Medical Review Portal

Last 10 Requests: [Dropdown] Show Messages: [Dropdown] Show

Enter and Edit Authorization Requests

Enter a New Authorization Request - Use this link to enter a new prior authorization request. More...

- Select the [Autism Therapy Services](#) link from the list of review types

- [Autism Therapy Services](#)
- [Additional Psychological Services \(Form Number:GMCF PSY/PA\)](#)

- On the next screen, the Provider ID is populated by the system based on portal login credentials. Enter the member's Medicaid ID and clicks [Submit](#).

New Request for Prior Authorization

Autism Therapy Services

To find a Member or Provider click the next to the ID box

Select FFS or a CMO PA : ☒ Fee for Service

☐ Amerigroup Community Care

☐ CareSource Georgia Co.

☐ Peach State Health Plan

☐ Wellcare Health Plans Inc.

Member Medicaid ID:

Provider ID :

Submit

Medical Review Portal

- **Request Form**

The Request Form is displayed with the provider information pulled into the PA request based on the provider's portal credentials. The member information is pulled from MMIS and populated on the request.

- Provider *Contact Information* is populated by the system. Provider would need to enter any
- Autism PA Web Entry**

information that is missing or incorrect.

- Provider selects the *Place of Service*. Choices are: Home, Office or School.

Contact Information					
* Contact Name:	Test Provider		* Contact Email:	darlene.barrett@gmcf.org	
Contact Phone:	444-555-6666	Ext.		* Contact Fax:	444-555-6666

Request Information	
* Place of Service :	11 - Office ▼

- *Diagnosis Codes:* The Diagnosis table captures the diagnosis code, code description (system populated), diagnosis date, diagnosis type, and primary diagnosis indicator for each diagnosis code entered.
 - One primary diagnosis is required. The provider enters a valid autism ICD10 diagnosis code and the diagnosis date. Click the 'Primary' checkbox for the Primary Diagnosis code.
 - ☐ Click [ADD](#) to add the diagnosis code to the request
 - ☐ After the diagnosis code has been entered, the provider may select [EDIT](#), to modify or delete the code.

* Diagnosis					
Diag Code	Diagnosis Description	Date	Primary	Type	
F84.3	OTHER CHILDHOOD DISINTEGRATIVE DISORDER	05/28/2017	Yes	ICD-10	EDIT
<input type="text"/>	<input type="text"/>	<input type="text"/>			ADD

- ☐ *Procedure Codes:* The Procedures Table captures the procedure code, code description (system populated), date of service from and to dates, units requested, requested number of months per service.
- ☐ Provider enters the procedure code; procedure from and to date, units requested and Clicks [Add](#).

Procedures					
CPT Code	CPT Description	From Date	To Date	Units	
97151	BHV ID ASSMT BY PHYS/QHP	03/04/2020	06/03/2020	12	EDIT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ADD CANCEL

Assessment Codes

- ☐ All Assessment procedure codes can be entered for a 3 month time span.
- ☐ Assessment code 97151 and Supporting Assessment code 97152 are entered as a bundle or Family of Codes (FOCs) for treatment plan development. Supporting Assessment codes 0362T is entered on a separate line on the same PA.

Procedures			
CPT Code	CPT Description	From Date	To Date
97151	BHV ID ASSMT BY PHYS/QHP	01/02/2019	04/01/2019
0362T	BHV ID SUPRT ASSMT EA 15 MIN	01/02/2019	04/01/2019

Treatment Codes

- ☐ Valid treatment codes: 97153, 97154, 97155, 97156, 97157, 97158, 0373T
- ☐ Up to six (6) consecutive months of service may be entered on one request.
- ☐ Treatment codes 97153-97155 will be entered as a bundle or Family of Codes (FOCs).

Family of Codes

- ☐ Family of Codes (FOC) should not be broken.
- ☐ FOCs can be entered on multiple lines as long as the From and To Date do not overlap.
- ☐ CPT codes entered within the same Family of Codes with the same dates of services will cause an error. (If CPT code is within the same FOC)
- ☐ CPT codes entered within the same Family of Codes with overlapping dates will cause an error. (If CPT code is within the same FOC)

Note** The preferred method of entering a CPT code whether it's a treatment or assessment code that is a part of a family of code bundle is to enter one code only. For example, if 97151 and 97152 is needed for the same dates of services, then providers should only enter one of these codes with the total amount of units. If the codes are entered separately, providers can only bill for the approved units for that code. Both codes will be considered for approval and if approved providers can bill claims with either code.

Procedures				
CPT Code	CPT Description	From Date	To Date	Units
97153	ADAPTIVE BEHAVIOR TX BY TECH	01/01/2019	06/30/2019	2,100
97156	FAM ADAPT BHV TX GDN PHY/QHP	01/01/2019	06/30/2019	126

Note: The above procedure lines and associated units are for demonstration purposes only and do not reflect recommended units or treatment code combinations.

- The next section documents the type and dates of information that is required for Autism PA submission. Respond to each question by clicking the Yes or No button. In general, if Yes is selected, a date must be entered in the corresponding date box; and if No is selected, an explanation must be provided in the corresponding textbox.

Is there a current Letter of Medical Necessity, Written Service Plan or Plan of Care?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, LMN/WSP/POC date:	<input type="text"/>
---	--	---------------------------	----------------------

- The Medications section is required for both Assessment and Treatment PAs.

Medications
<div style="background-color: #f8d7da; height: 40px; border: 1px solid #f5c6cb;"></div>

- The last section is the required Additional Information questions that are specific to the procedure code entered. Therefore, these questions only appear after the procedure code has been entered.

Additional Information Questions - Assessment PA

Additional Information			
Please enter additional information. All questions are required.			
Autism Assessment			
1 Has the diagnosis of autism been established by a physician or licensed psychologist utilizing currently accepted rating scales or diagnostic assessments?	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Autism Diagnostic Interview, Revised (ADI-R) <input type="checkbox"/> Autism Diagnostic Observation Schedule (ADOS) <input type="checkbox"/> Childhood Autism Rating Scale (CARS)	<input type="checkbox"/> Gilliam Autism Rating Scale (GARS) <input type="checkbox"/> Other
		<div style="border: 1px solid #ccc; height: 20px;"></div>	
2 Is there a physician's or licensed psychologist's order on file for this behavioral assessment?	<input type="radio"/> Yes <input type="radio"/> No		
3 What is the date of the physician's or psychologist's evaluation that determined the Autism diagnosis?	<input type="text"/>		

Additional Information Questions - Treatment Codes

Additional Information

Please enter additional information. **All questions are required.**

Autism Treatment

1 Have the treatment services been ordered by the member's physician or psychologist? ☐ Yes ☐ No

Review Request

- When all data is entered on the request form, click [Review Request](#) below the medications section to display the *Attestation Statement*. If the *Attestation Statement* does not display when [Review Request](#) is selected; or a message displays that 'information is missing or incorrect', scroll up the page to find what is missing or incorrect. '**Required**' displays next to a data box when information is missing. Enter or correct the data, and then click [Review Request](#) again.
- Click [I Agree](#) in response to the *Attestation Statement*.

To the best of my knowledge, the information I am submitting in this transaction is true, accurate, complete and is in compliance with applicable Department of Community Health policies and procedures. I am submitting this information to the Georgia Department of Community Health, Division of Medical Assistance, for the purpose of obtaining a prior authorization number.

I understand that any material falsification, omission or misrepresentation of any information in this transaction will result in denial of payment and may subject the provider to criminal, civil or other administration penalties.

To accept this information and proceed with your transaction, please click 'I agree'.

I Agree

- Review the request. To change information entered, click [Edit Request](#). Otherwise, click [Submit Request](#).

Submit Request **Edit Request**

When the request is successfully submitted, the system displays the pending PA tracking number.

Autism Therapy Services : Review Request

Thank you for submitting your Medicaid Prior Authorization request online. You may check the case status of your request online after 24 hours. If you have further questions regarding this prior authorization or prior authorization process, please select under Contact Information the 'Contact Us' link, or call the Customer Interaction Center (CIC) at 1-800-766-4456. Please review the prior authorization information you have entered. If it is correct, you may print this page for your files or records by pressing the Print button on your web browser before you click the Submit button.

If you wish to make any changes, use the "Edit Request Data" link at the bottom or the Back arrow on your web browser to return to the previous page.

Once you submit the PA request, you will receive a prior approval number and a status. Once the review of this case has been completed and a decision rendered, you will be notified of the review outcome.

For requests associated with managed care members, please consult with the associated managed care organization for any changes or updates to your request.

Request ID : XXXXXXXXXX Status : Pending

On this page, additional required documents may be attached under **Create an Attachment**. To attach a document click Browse and select your file from your local system, the file name will appear in the text field. After verifying the correct file was selected, click [Attach File](#) to save the file to the Prior Authorization request. NOTE: The documents noted below.

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Browse...
Attach File

Please attach: 1) the physician's or licensed psychologist's evaluation indicating an ASD diagnosis based on autism assessment tools, and 2) the physician's or licensed psychologist's order or letter of medical necessity for this requested behavioral assessment.

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents
ABA_ASSESSMENT	<input type="checkbox"/> Physician or psychologist evaluation <input type="checkbox"/> Physician's or licensed psychologist's order or letter of medical necessity *Optional <input type="checkbox"/> Cover Page *Optional

-OR -

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Browse...
Attach File

File uploaded successfully.

Please attach: 1) the physician's or licensed psychologist's evaluation indicating an ASD diagnosis based on autism assessment tools, and 2) the physician's or licensed psychologist's order or letter of medical necessity for this requested behavioral assessment.

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents
ABA_ASSESSMENT	<input type="checkbox"/> Physician or psychologist evaluation <input type="checkbox"/> Physician's or licensed psychologist's order or letter of medical necessity *Optional <input type="checkbox"/> Cover Page *Optional

Attached Files							
File	Type	Code	Document Name	Size	User	Date	
TEST Document.docx	Attached By Nurse			12 KB	XXXXXXXXXX	3/23/2020 2:22:53 PM	DELETE

Provider Notifications

When an Autism Therapy Request is approved or denied, the requesting provider is notified via a no-reply email. In addition, when the PA is a 2nd level review/Reconsideration Request and the decision is denied, the parent or legal guardian of the member will receive a denial notification letter from Alliant Health Solutions. Providers can also review the case status and decision details from the *Medical Review Portal*.

Autism PA Web Entry

View Decision Details:

- To view decision details, open the *Medical Review Portal* and click [Search, Edit or Attach Documentation to Requests](#).

Enter and Edit Authorization Requests

[Enter a New Authorization Request](#) - Use this link to enter a new prior authorization request. [More...](#)

[Search, Edit or Attach Documentation to Requests](#) - Use this link to search, edit or attach documentation to authorization requests. [More...](#)

[Member Medicaid ID Updates](#) - Use this link to Search, Edit, and modifying Member Medicaid IDs for SwingBed or Katie Beckett requests.

- Search for the Autism Therapy request by entering the 'Request ID' and clicking [Search](#). Then click the PA that displays in the search results.

-OR-

- Open the *Medical Review Portal* and access the PA via the **PA Notifications** drop list. This list shows the **last ten** PA notifications. Select a PA number on the list and click [Show](#).

The screenshot shows the 'Enter and Edit Authorization Requests' section with three links: 'Enter a New Authorization Request', 'Search, Edit or Attach Documentation to Requests', and 'Member Medicaid ID Updates'. To the right, there are three tabs: 'Last 10 Requests', 'Messages', and 'PA Notifications'. The 'PA Notifications' tab is active, showing a dropdown menu with a list of PA numbers (e.g., 123456789, 123456788, etc.) and a 'Show' button next to each. A red arrow points to the 'PA Notifications' tab, and another red arrow points to the 'Search, Edit or Attach Documentation to Requests' link.

Prior Authorization Request Search

Request ID :	<input type="text"/>	PA Status:	<input type="text" value="v"/>	Provider ID :	<input type="text" value="123456789"/>
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Effective Date :	<input type="text"/>	Expiration Date :	<input type="text"/>		
Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL	Notification From Date :	<input type="text"/>	Notification To Date :	<input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

- No matter which route is used to view decision details, the PA opens on the *Review Request* page. The decision status and details can be viewed from the Review Request Screen.

Reconsideration Request

From the *Medical Review Portal*, providers may submit a request for reconsideration of the decision rendered on an Autism PA. When a Reconsideration Request is processed, a no-reply email and a 'contact us' message are sent to the provider. The notifications inform the provider that the reconsideration was processed and to check the *Provider Workspace* for details.

- ***Reconsideration Request Guidelines***

- Reconsiderations are allowed when the PA has one or more procedure lines that are:
 - ☐ Approved but not for all units requested - requests must be submitted within **30** calendar days of the decision.
 - ☐ Peer consultant denied - requests must be submitted within **30** calendar days of the decision.
 - ☐ Tech Denied but **NOT** Final Tech Denied - requests must be submitted within **10** calendar days of the decision.
- Providers are required to attach additional documentation to support the reconsideration request. It is not necessary to re-submit all information sent with the original request but only the information to support the request for reconsideration.

- ***Reconsideration Submission Instructions***

- Open the *Medical Review Portal* and select **Submit Reconsideration Requests**.

PA Change, Reconsideration and Recertification Requests

- Submit/View PA Change Requests - Use this link to request a change to existing authorization requests. More...
- Submit Reconsideration Requests** - Use this link to request a reconsideration to a denied case except CIS request. More...
- Submit/View PA Admin Review Requests - Use this link to request a Admin Review to existing authorization requests. More...

Use this link to request a Admin Review to your existing authorization requests. Depending on the request type, there may be restrictions on whether a Admin Review can be submitted. Also, use this link to find Admin Review requests previously submitted and view the status of the Admin Review requests.

- On the search page, enter the PA number in the Request ID' box.
- Click **Search**.
- Click the request ID on the search results list to open the *Review Request* page.
- Click **Enter Reconsideration Request** at the bottom of the *Review Request* page.

Prior Authorization - Autism Therapy Services Review Request

Request Information			
Request ID :	[REDACTED]	Case Status :	Denied Case Status Date : 04/05/2019
Member ID :	[REDACTED]		
Social Security Number :	[REDACTED]		
Provider ID :	[REDACTED]	CMO PA Request ID :	
Admission Date :		Discharge Date :	
Effective Date :	04/01/2019	Expiration Date :	06/30/2019

Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
F84.3	OTHER CHILDHOOD DISINTEGRATIVE DISORDER	04/01/2019	Yes	ICD-10

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
0362T	BHV ID SUPRT ASSMT EA 15 MIN	04/01/2019	06/30/2019	32			Peer Consultant Denied	OPG	Yes
97151	BHV ID ASSMT BY PHYS/QHP	04/01/2019	06/30/2019	8			Peer Consultant Denied	OPG	No

Attached Files				
File	Type	Document Name	User	Date
Test Document.pdf	Web Upload		[REDACTED]	4/5/2019 12:56:13 PM

[Enter Reconsideration Request](#)
[Return To Search Results](#)
[Return to Medical Review Portal](#)
[Contact Us](#)
[Return to the Auth Request Page](#)

- This opens the *Reconsideration Request Information* form.
- At the top of the form, the contact information for the requesting provider is inserted by the system. Verify that the information is correct. If not correct, edit the information. This is important since a no-reply email is sent to the email listed on the reconsideration form when the reconsideration is processed.
- In the first text box, clearly describe what you wanted changed as a result of the reconsideration review, such as: the codes, dates of service, and the units required.
- In the second text box, summarize additional clinical information that supports the request for reconsideration review and specifically addresses the need for the services requested. Since supporting documentation must be attached to the reconsideration, it is permissible to enter 'See Attached' in this box.

Alliant Health Solutions

Reconsideration Request Information

Request ID : [REDACTED] CMO Request ID : [REDACTED]

Please make sure that the information submitted addresses the reason for denial. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents.

You will receive an email once this Change Request/Reconsideration Request is processed. Please check All contact information (name, phone and email address) and make sure that the information is correct. If not correct, edit the information.

Contact Name : [REDACTED] Phone: [REDACTED] Ext: [REDACTED] Fax: [REDACTED] Email : [REDACTED]

Describe what you want to change.

Submitting a request for reconsideration.

Provide your rationale for changing the Prior Authorization Request.

See supporting documentation attached.

Submit

Close Window

- Click **Submit**.
- If the submission is successful, a page displays confirming that the reconsideration has been entered successfully; and the attachment panel is available.

Additional supporting documentation must be attached at this point. Follow the same attachment procedures as described on page 7 of this manual.

Reconsideration Request Information

Request ID : [REDACTED] Contact Name : [REDACTED] Phone : [REDACTED] Ext : [REDACTED] Fax : [REDACTED] CMO Request ID : [REDACTED] Email : [REDACTED]

Describe what you want changed.

Submitting a request for reconsideration.

Provide your rationale for changing the Prior Authorization Request.

See supporting documentation attached.

Your Reconsideration Request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted.

To attach documents, use Create an Attachment below. You may attach files that are no more than approximately 20 pages.

Create an Attachment

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Browse...

Attach File

File uploaded successfully.

Back

Provider Correspondence

Provider Correspondence functionality allows Providers to submit questions to Alliant Health Solutions (AHS) reviewers via the *Medical Review Portal*. The workspace includes the following features to accommodate this type of correspondence:

- Contact Us
- Search My Correspondence
- Provider Messages

To learn more about the Provider Correspondence, please see the document titled 'Provider Correspondence' under the [Help & Contact Us](#) link on the portal.

Submit/View Change Requests

From the *Provider Workspace*, providers may submit requests to change information on a PA; and may view change requests already submitted. Change requests are processed by Alliant reviewers and can be approved, denied or referred. When a Change Request is processed, a no-reply email and a 'contact us' message are sent to the provider. The notifications inform the provider that a change request was processed and to check the *Provider Workspace* for details. Providers can view the change request details, including the reviewer's decision comments, by searching for and opening the *PA Review Request* page. The reviewer's comments display in a tool tip (see highlighted below) made visible by holding the mouse pointer over the specific change request status.

Change/Reconsideration Requests						
Request Type	Date Requested	CR Status	Contact Name	Contact Phone	Change Required	Change Rationale
CIS Reconsideration Request	01/20/2015	Processed	Miss CIS	6665559876	Approve the PA	Approve the PA - see supporting docs attached.
Change Request	01/21/2015	Denied	Miss CIS	6665559876	Increase unitsPlease review the change request information. Once you finish making appropriate changes to PA, update the Change Request by checking change request processed indicator. Please complete the following change request form. Please make your information as complete as possible, as this will be used for determining whether your change request is approved or denied. You may be contacted by a review staff member if there are any questions concerning your change request. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents."	Please review the change request information. Once you finish making appropriate changes to PA, update the Change Request by checking change request processed indicator. Please complete the following change request form. Please make your information as complete as possible, as this will be used for determining whether your change request is approved or denied. You may be contacted by a review staff member if there are any questions concerning your change request. You may attach documents to this request. After you click Submit, a confirmation page will display. Use 'Create An Attachment' on that page to attach documents."
Change Request	01/22/2015	Denied	Change request denied. It is not clear what you want changed and no supporting documentation was provided.	Provider	want changed.Describe what you want changed.Describe what you want changed.Describe what you want changed.	Describe what you want changed.Describe what you want changed.Describe what you want changed.Describe what you want changed. Provide your rationale for changing the Prior Authorization Request

- *Change Request Submission Instructions*

- Open the *Provider Workspace* and select **Submit/View PA Change Requests**
- On the search page, enter the PA number in the 'Request ID' box.
- Click **Search**.
- Click the request ID on the search results list to open the *PA Review Request* page.

Note: When the *Review Request* page is opened for a request which does not meet the change request criteria, a message will appear at the top of the page indicating that a change request cannot be entered.

- Click **Enter Change Request** at the bottom of the page.

Prior Authorization - Autism Therapy Services Review Request

Request Information			
Request ID :		Case Status :	Approved
Member ID :		Case Status Date :	03/04/2020
Social Security Number :			
Provider ID :		CMO PA Request ID :	
Admission Date :		Discharge Date :	
Effective Date :	03/01/2020	Expiration Date :	03/31/2020

Diagnosis				
Diag Code	Diagnosis Description	Date	Primary	Type
F84.0	AUTISTIC DISORDER	03/01/2020	Yes	ICD-10

Procedures									
CPT Code	CPT Description	Effective Date	Expiration Date	Units	Approved Units	Approved Amount	Decision	Reason	Family of Code(s)
97151	BHV ID ASSMT BY PHYS/QHP	03/01/2020	03/31/2020	1	1		Approved		Yes

Enter Change Request	Attach File	Return To Search Results	Return to Medical Review Portal	Contact Us
-----------------------------	--------------------	---------------------------------	--	-------------------

Return to the Auth Request Page

- The *Change Request Information* form opens.
- The provider's contact information is inserted by the system. This information should be edited if not correct, since the no-reply email notification and contact are sent to the email address noted on the form.
- In the first box on the form, clearly describe what needs to be changed.
- In the next box, provide justification for the requested change(s).

Alliant Health Solutions

Next, select one or more checkboxes from the 'Rationale List' corresponding to the change(s) requested. If none apply to the change requested, select 'Other'.

You will receive an email once this Change Request/Reconsideration Request is processed. Please check All contact information (name, phone and email address) and make sure that the information is correct. If not correct, edit the information.

Contact Name : <input type="text"/> *	Phone: <input type="text"/> - <input type="text"/> - <input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/> - <input type="text"/> - <input type="text"/>	Email : <input type="text"/>										
Describe what you want to change. Explain what needs to be changed.														
Provide your rationale for changing the Prior Authorization Request. Enter rationale.														
Please select Change Request Rationale List: <table border="0"><tr><td><input type="checkbox"/> Change Member</td><td><input type="checkbox"/> Change Provider</td><td><input type="checkbox"/> Add or Change Diagnosis Codes</td><td><input type="checkbox"/> Add or Change Procedure Codes</td><td><input type="checkbox"/> Recertification Request</td></tr><tr><td><input type="checkbox"/> Withdraw Entire Request</td><td><input checked="" type="checkbox"/> Change Admit Date or Date of Service</td><td><input type="checkbox"/> Change Place of Service</td><td><input type="checkbox"/> Increase in Requested Units</td><td><input type="checkbox"/> Other</td></tr></table>					<input type="checkbox"/> Change Member	<input type="checkbox"/> Change Provider	<input type="checkbox"/> Add or Change Diagnosis Codes	<input type="checkbox"/> Add or Change Procedure Codes	<input type="checkbox"/> Recertification Request	<input type="checkbox"/> Withdraw Entire Request	<input checked="" type="checkbox"/> Change Admit Date or Date of Service	<input type="checkbox"/> Change Place of Service	<input type="checkbox"/> Increase in Requested Units	<input type="checkbox"/> Other
<input type="checkbox"/> Change Member	<input type="checkbox"/> Change Provider	<input type="checkbox"/> Add or Change Diagnosis Codes	<input type="checkbox"/> Add or Change Procedure Codes	<input type="checkbox"/> Recertification Request										
<input type="checkbox"/> Withdraw Entire Request	<input checked="" type="checkbox"/> Change Admit Date or Date of Service	<input type="checkbox"/> Change Place of Service	<input type="checkbox"/> Increase in Requested Units	<input type="checkbox"/> Other										
Submit Close Window														

- Click **Submit** to submit the request.
- If the submission is successful, a window displays confirming that the change request has been entered successfully; and the attachment panel is available. Additional supporting documentation may be attached at this point.

Your Change Request has been successfully entered into the system. Should a review staff member have any questions, you will be contacted.

To attach documents, use Create an Attachment below. You may attach files that are no more than approximately 20 pages.	
Create an Attachment	
If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".	
<input type="text"/>	Browse... Attach File

- **Additional supporting documentation must be attached** at this point.