SWOIPA
Southwest Oregon IPA

289 LaClair St. | Coos Bay, OR 97420
Main: 541-269-7400
Toll Free: 800-264-0014
TTY: 711 / 800-735-1232

•NEW FORM NOTICE•

Please use the attached form when the changes outlined below are required for an existing authorization.

- 'Referred to' provider has changed
- 'Referred to' facility has changed
- Date range needs updated or extended
- Adding a diagnostic procedure to an existing referral

This form is located on the Advanced Health website by clicking on Providers > Provider Forms & Resources > Authorization Change Request Form.

Questions may be directed to Medical Management by calling (541) 269-7400 & selecting option 3 then option 1.

Advanced Health
289 LaClair St, Coos Bay OR 97420
Voice: 541-269-7400 · 800-264-0014
Fax: 541-269-7147 · TTY: 711 or 800-735-1232

Notice Statement

To facilitate member care, Advanced Health accepts requests to update approved authorizations for the following situations:

- *Referred-to Provider updates*
  - *When the original approved 'referred-to provider' declines a member and a new provider should be added to the service request/authorization*
- *Referred-to Facility updates*
  - *When the original approved referred-to facility needs to be updated*
  - ***Please note changes in Place of Service level of care will need to be resubmitted as a new service request, including reasoning/rationale for POS change***
- *Date Range of approved service*
  - *To accommodate member appointments when the approved authorization does not span the time in which a member is scheduled*
- *Diagnostics for processing—Applicable to OON providers with an approved referral on file*
  - *When an approved referral is on file and the provider needs to add diagnostics and send them to Advanced Health for processing*
  - ***Please note diagnostics that require prior authorization are listed on the authorizatoin grid on the Advanced Health Website, and are not subject to being added to the approved referral***

☐ **Referred to Provider Update**

- Provide the approved authorization number
- Statement of request/reason for provider change
- NPI information for new provider

☐ **Referred to Facility Update**

- Provide the approved authorization number
- Statement of request/reason for facility change
- NPI information for new facility

☐ **Date Range Update**

- Provide the approved authorization number
- Statement of request/reason for date change
- Appointment date

☐ **Diagnostics for processing (applicable to OON providers with approved referral on file)**

please note diagnostics that require prior authorization are listed on the authorization grid on the Advanced Health Website, and are not subject to being added to the approved referral

- Provide the approved authorization number
- Provide the diagnostic cpt codes and quantities