

## Request to Update Procedure Code(s) on an Existing Authorization

Please use this form to update requests for precertification previously authorized by Independence Blue Cross and its affiliates (Independence) due to an addition or change to the procedure that was actually performed or intended to be performed. This form should be used only to report minor clinical revisions and not to report fundamentally different procedures (e.g., adding a hammertoe repair to a bunionectomy procedure) than the procedure identified at the time of the initial precertification request. Prior to processing this request, Independence retains the right to review the revised codes and may require additional clinical information in the event a code submitted varies substantially from the service or procedure for which precertification was authorized previously. In the event such additional review is necessary, Independence staff will contact your office. Revisions will only be accepted from the party who submitted the initial precertification request.

You can confirm that the requested revision was successfully completed by performing an Authorization Search via PEAR Practice Management two business days after submitting this form.

Second surgeons adding their procedure code(s) should continue to use the process of calling the Precertification Department at 1-800-ASK-BLUE (1-800-275-2583) and should not use this form. Any coding reimbursement issues not related to precertification should be pursued through the provider appeals process.

If your organization is not registered for the Provider Engagement, Analytics & Reporting (PEAR) portal, visit the [Provider News Center](#).

**To: Precertification Department**

**Fax: 215-238-2320**

From: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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### Member information

Member ID #: \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Reference #: \_\_\_\_\_

Date of service: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Provider information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

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### Contact information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

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### Code information

Delete the following code(s): \_\_\_\_\_

Add the following code(s): \_\_\_\_\_

Reason for the requested change: \_\_\_\_\_

This form **must** be completed in its entirety; incomplete forms cannot be processed.