

Post Service Changes Review Form

This form is only to be used for review of a request post service, where an authorization was obtained, however the procedure codes performed differ from the initial authorization request. Post service reviews will be performed if the additional procedure codes are subject to prior authorization and fall within the TurningPoint Scope of Services. Submit only one form per patient.

This process can only be applied if a claim has not yet been submitted to Capital Blue Cross.

Inquiries received without the required information below may not be reviewed

Authorization Number:		Member ID#:	
Member DOB:	Prefix:	Group #:	
Patient Name: (Last, First)			
Date(s) of Service:		Provider TIN:	
Provider Name:		NPI:	
Contact Person:		Phone Number:	

Provide detailed information about your review request, including what was initially authorized and what procedure(s) changed with the updated CPT codes:

REMINDERS

- Fax the request to **717-412-1001**
- Please include all pertinent clinical information, including but not limited to operating notes.