



169 MYERS CORNERS ROAD, 2ND FLOOR  
WAPPINGERS FALLS, NY 12590

FROM: CARECORE NATIONAL, LLC  
PHONE: (845) 298-8155  
FAX: (845) 298-1490

**REQUEST FOR CHANGE OF  
AUTHORIZED CPT CODE**

Date: \_\_\_\_\_  
Number of Pages: 1  
To: Dr. \_\_\_\_\_  
Fax No.: \_\_\_\_\_

<b>Patient Name:</b>	<b>CPT Code Authorized</b>		
<b>Patient ID#:</b>	<b>Requested CPT Code Change:</b>		
<b>Auth #:</b>			
<b>Reason for CPT Code Change:</b>			

A copy of the radiology report must be sent before any change will be considered.  
If the request is for an upgrade for an MRJ, a copy of the radiology report must be sent before any change will be considered.

PLEASE FAX THIS INFORMATION within 2 business days from the date of this message to (845) 298-1490 or we will not be able to process your request.

PLEASE RETAIN A BLANK COPY OF THIS FORM TO MAKE ADDITIONAL COPIES FOR FUTURE USE AS NEEDED.

**VISIT US AT WWW.CARECORENATIONAL.COM FOR INFORMATION ABOUT HOW TO ACCESS OUR NEW WEB PRE-CERTIFICATION PROCESS, VERIFY AUTHORIZATIONS, AND LEARN MUCH MORE ABOUT CARECORE NATIONAL, LLC.**

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