



MEDICARE OUTPATIENT AUTHORIZATION OREGON

All Part B Drug Requests: **Fax** 1-844-962-1481
Expedited Requests **Call:** 1-844-867-1156
Standard Requests **Fax:** 1-844-371-7765
Transplant Requests: **Fax** 1-833-590-1580

Request for additional units. Existing Authorization Units

For Standard (Elective Admission) requests, complete this form and FAX to the appropriate department above. Determination made as expeditiously as the enrollee's health condition requires, but no later than 7 calendar days after receipt of request.

For Expedited requests, Please Call 1-844-867-1156 Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID* Last Name, First Date of Birth* (MMDDYYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI* Requesting TIN* Requesting Provider Contact Name
Requesting Provider Name Phone Fax*

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider
Servicing NPI* Servicing TIN* Servicing Provider Contact Name
Servicing Provider/Facility Name Phone Fax

AUTHORIZATION REQUEST

Primary Procedure Code* (CPT/HCPCS) (Modifier)
Additional Procedure Code (CPT/HCPCS) (Modifier)
Start Date OR Admission Date* (MMDDYYYY)
Diagnosis Code* (ICD-10)
Additional Procedure Code (CPT/HCPCS) (Modifier)
Additional Procedure Code (CPT/HCPCS) (Modifier)
End Date OR Discharge Date (MMDDYYYY)
Total Units/Visits/Days

OUTPATIENT SERVICE TYPE*

(Enter the Service type number in the boxes)

- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental & Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home Health
- 225 Home Meals
- 290 Hyperbaric Oxygen Therapy
- 395 Infertility Diagnosis or Treatment
- 729 Neuropsychological Testing
- 410 Observation
- 997 Office Visit/Consult
- 422 Biopharmacy (Please fax to 1-844-962-1481)

- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 650 Radiation Therapy
- 201 Sleep Studies
- 790 Occupational Therapy
- 101 Physical Therapy
- 701 Speech Therapy
- 212 Therapy Evaluation
- 993 Transplant Evaluation
- 724 Transportation
- 209 Transplant Surgery

Behavioral Health

- 512 BH Community Based Services
- 513 BH Crisis Psychotherapy
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 510 BH Medical Management
- 518 BH Mental Health /Chemical - Dependency Observation
- 519 BH Outpatient Therapy
- 530 BH Partial Hospitalization Program (PHP)
- 520 BH Professional Fees
- 521 BH Psychological Testing

DME

417 DME - Rental
120 DME - Purchase

Purchase Price

Are services needed for discharge planning? YES NO

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.

COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.