



# MEDICARE OUTPATIENT AUTHORIZATION OREGON HEALTHNET

All Part B Drug Requests: **Fax** 844-978-0975  
Expedited Requests: **Call** 844-582-5177  
Transplant Requests: **Fax** 833-590-1582  
Behavioral Health Requests: **Fax** 855-663-2244  
Standard Requests: **Fax** 844-692-4065

Request for additional units. Existing Authorization

Units

☐ **For Standard requests, complete this form and FAX to the appropriate department.** 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 844-582-5177.** 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 \*

Additional Procedure Code

Start Date OR Admission Date \*

Diagnosis Code \*

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date

Total Units/Visits/Days

### OUTPATIENT SERVICE TYPE \*

(Enter the Service type number in the boxes)

422 Biopharmacy (please fax to 844-978-0975)  
712 Cochlear Implants & Surgery  
299 Drug Testing  
922 Experimental & Investigational Services  
205 Genetic Testing & Counseling  
249 Home health  
290 Hyperbaric Oxygen Therapy  
395 Infertility Diagnosis or Treatment  
729 Neuropsychological Testing  
410 Observation  
997 Office Visit/Consult

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

### Behavioral Health

533 BH Applied Behavioral Analysis  
512 BH Community Based Services  
515 BH Electroconvulsive Therapy  
516 BH Intensive Outpatient Therapy (IOP)  
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  
522 BH Psychiatric Evaluation  
521 BH Psychological Testing

### DME (Orthotics and Prosthetics)

417 Rental  
120 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.

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