



OREGON COMMERCIAL OUTPATIENT AUTHORIZATION FORM

Complete and **Fax** to: 800-495-1148
Transplant **Fax** to: : 833-714-3691
Customer Contact Center : 888-802-7001

Request for additional units. Existing Authorization Units

Standard requests - Determination within 2 calendar days of receiving all necessary information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

*** INDICATES REQUIRED FIELD** URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PROVIDER TO RECEIVE PRIORITY.

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	202 Pain Management	395 Infertility
922 Experimental and Investigational Services	171 Outpatient Surgery	701 Speech Therapy
205 Genetic Testing & Counseling	650 Radiation Therapy	790 Occupational Therapy
249 Home health	993 Transplant Evaluation	101 Physical Therapy
390 Hospice Services	209 Transplant Surgery	
611 Infertility Treatment	724 Transportation	
997 Office Visit/Consult	427 Rehab	
794 Outpatient Services	792 Vendor	

DME
417 Rental
120 Purchase (Purchase Price)

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.