



# OREGON COMMERCIAL OUTPATIENT AUTHORIZATION FORM

Complete and **Fax** to: 800-495-1148  
Transplant : 866-753-5659  
Behavioral Health Requests: **Fax** 855-663-2244

☐ Request for additional units. Existing Authorization  Units

☐ **Standard requests -** Determination within 5 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

X

URGENT REQUESTS MUST BE SIGNED BY THE  
REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

\*Date of Birth

## MEMBER INFORMATION

\*Member ID

Last Name, First

(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

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date

Total Units/Visits/Days

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

### \*OUTPATIENT SERVICE TYPE

(Enter the Service type number in the boxes)

712 Cochlear Implants & Surgery  
922 Experimental and  
Investigational Services  
205 Genetic Testing & Counseling  
249 Home health  
390 Hospice Services  
611 Infertility Treatment  
997 Office Visit/Consult  
794 Outpatient Services  
121 Long Term Acute Care

202 Pain Management  
970 Medical  
171 Outpatient Surgery  
650 Radiation Therapy  
993 Transplant Evaluation  
209 Transplant Surgery  
724 Transportation  
427 Rehab  
792 Vendor

411 Surgical  
701 Speech Therapy  
790 Occupational Therapy  
101 Physical Therapy

#### DME

417 Rental  
120 Purchase

(Purchase Price)

#### 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

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 benefit and medically necessary with prior authorization as per Ambetter policy and procedures.

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