



OREGON COMMERCIAL OUTPATIENT AUTHORIZATION FORM

Complete and Fax to: 800-495-1148

Transplant Fax to: 866-753-5659

Buy & Bill Drugs Fax: 844-235-5090

Customer Contact Center : 888-802-7001

Request for additional Visits/Days Existing Authorization Remaining Visits/Days

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

Last Name, First *Date of Birth
(MMDDYYYY)

*Member ID

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 <input type="text"/> (CPT/HCPCS)	Additional Procedure Code <input type="text"/> (CPT/HCPCS)	*Start Date OR Admission Date <input type="text"/> (MMDDYYYY)	*Diagnosis Code <input type="text"/> (ICD-10)
Additional Procedure Code <input type="text"/> (CPT/HCPCS)	Additional Procedure Code <input type="text"/> (CPT/HCPCS)	End Date OR Discharge Date <input type="text"/> (MMDDYYYY)	*Total Visits/Days <input type="text"/>

***OUTPATIENT SERVICE TYPE** (Enter the Service type number in the boxes)

712 Cochlear Implants & Surgery	171 Outpatient Surgery	DME
922 Experimental and Investigational Services	202 Pain Management	
205 Genetic Testing & Counseling	101 Physical Therapy	120 Purchase <input type="text"/> (Purchase Price)
249 Home health	650 Radiation Therapy	417 Rental
390 Hospice Services	701 Speech Therapy	
611 Infertility Diagnosis or Treatment	993 Transplant Evaluation	
790 Occupational Therapy	209 Transplant Surgery	
997 Office Visit/Consult	724 Transportation	
794 Outpatient Services	792 Vendor	



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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