



DMEPOS - Prior Authorization Form – Revised December 2018
For ALL Faxes: 503-416-3637 or Toll Free: 1-833-205-3632
****Effective 1/1/19, Home Infusion requests should be submitted via our provider portal, CareOregon Connect or on the HOME INFUSION request form.**
Enteral or Parenteral requests should be requested on the ENTERAL/PARENTERAL NUTRITION request form**

Date: ___/___/___ Provider (Agency/Vendor) Name: _____ Tax ID #: _____

Contact Person _____ Phone # _____ Fax # _____

Member Name: _____ DOB: ___/___/___ Subscriber ID# _____
Last First

Prescribing Provider Name: _____ Telephone #: _____ Fax#: _____
Last First

Primary Dx Code _____ Description _____; Dx Code _____ Description _____

Comments: _____

(Record applicable HCPCS and appropriate modifier, CPT, or Revenue): **Dates of Service:** From ___-___-___ To ___-___-___

*** PDAC verification is required for OHP requests for codes K0108 and E1399 >\$150 per OAR**

						*as listed on fee schedule	*Total
Code	Modifier	Description	Quantity	@ Price	\$		\$
_____	_____	_____	_____	_____	_____		_____
_____	_____	_____	_____	_____	_____		= *Total \$
_____	_____	_____	_____	_____	_____		= *Total \$
_____	_____	_____	_____	_____	_____		= *Total \$
_____	_____	_____	_____	_____	_____		= *Total \$
_____	_____	_____	_____	_____	_____		= *Total \$
_____	_____	_____	_____	_____	_____		= *Total \$
_____	_____	_____	_____	_____	_____		= *Total \$

PLEASE NOTE: DMEPOS staff is not authorizing the quoted price or total! Payment is based on contracted rules unless otherwise indicated.