

Request for Prior Authorization of Out-of-State Services

Use this form to request out-of-state (OOS) services for members who receive OHP Plus or CAWEM Plus benefits on a fee-for-service ("open card") basis. For members enrolled in a coordinated care organization (CCO), please request authorization from the CCO.

Fax the **completed** form to the Out-of-State (OOS) Coordinator at 503-945-6548 (Salem). All fields are required. Include the following documents with the completed form:

- Clinical documentation to support the request, including client history.
- Documentation that the service is unavailable within the state of Oregon.
- Referral from an Oregon physician.

Once the request has been received, the OOS Coordinator will contact the requesting provider's office if further information is needed; and notify the requesting physician of the decision in writing.

Client name: _____ Request date: _____
Medicaid ID: _____ Date of birth: _____

1) Diagnosis code: _____ CPT code: _____

2) Description of service requested: _____

3) Alternative treatments available: _____

4) Requested start date: _____ End date: _____

5) Facility name and address: _____

6) Service provider name and address: _____ Provider ID: _____

Form completed by: _____ Phone number: _____

Physician's name: _____ Provider ID: _____
(please print or type)

Address: _____ Fax number: _____

Physician's signature – This section must be signed by the Oregon requesting physician.

Signature

Date

To receive payment for OOS services, providers must be enrolled with Oregon Medicaid. To enroll, please visit www.oregon.gov/OHA/HSD/OHP/Pages/Provider-Enroll.aspx.

To learn more about OOS service coverage, please view Oregon Administrative Rule 410-120-1180 in our General Rules at www.oregon.gov/OHA/HSD/OHP/Pages/Policy-General-Rules.aspx.

Questions? Please feel free to call the OOS Coordinator at 800-642-8635 or 503-945-6821 (Salem).