



RETRO OFFICE/CLINIC AUTHORIZATION FORM

(Specialist, Therapist, Ancillary Providers)

Revised **June 15, 2017**

Fax Form and Chart Notes to: **503-416-3724 or 1-888-272-9315**

Verify service requires an authorization before completing the authorization request form.

The information is posted on the CareOregon Website @ www.careoregon.org

1. PERSON COMPLETING THE FORM:

Date: ___/___/___ Name: _____ working @ PCP Office Spec/Anc Office
Telephone #: _____ Fax #: _____

2. MEMBER NAME: _____/_____/_____
Last First MI

DOB: ___/___/___ Subscriber ID#: _____

3. PROVIDER INFORMATION:

Ordering Provider Name: _____ Clinic Name: _____ Fax #: _____

Rendering Provider Name: _____ Clinic Name: _____ Fax #: _____

4. DIAGNOSIS (Dx) AND COMORBID CONDITIONS INFORMATION:

Primary Dx code: _____ Secondary Dx code (if applicable): _____

Does the member have a comorbid medical condition that is (1) under the best possible management, but (2) it is not controlled, and (3) providing this service will significantly improve the condition? Yes no

If yes, what is the co-morbid condition(s)? Dx code: _____ Narrative _____

Please include relevant chart notes with this authorization request!

5. SERVICES REQUESTED (office visits; office procedures; ancillary): **DATE OF SERVICE:** _____

* Any CPT code entered within the range of 99211-99215 will make this authorization valid for that entire range of CPT codes.

* New patient office visits **do not** require an authorization if that patient has not been seen within the last 3 years.

***CPT CODES ARE REQUIRED.** PLEASE LIST CPT CODE(S) BEING REQUESTED FOR ALL SERVICES, ALONG WITH THE # FOR EACH:

CPT Code: _____ # _____ CPT Code: _____ # _____ CPT Code: _____ # _____
CPT Code: _____ # _____ CPT Code: _____ # _____ CPT Code: _____ # _____

Bariatric Center Evaluations - If the CPT codes provided above are for Bariatric Evaluation, please provide the following REQUIRED information:

Mbr weight: _____ lbs as recorded on (date) ___/___/___, Mbr height: _____ BMI: _____
Mbr age: _____ yrs. Does mbr have Type 2 diabetes? Yes no

Outpatient Therapies - Please provide CPT Codes along with the # of visits for each therapy code:

PT – OT – ST: No Authorization required for evaluations with an ATL diagnosis which pairs with CPT code

PT - CPT Code: _____ # _____ CPT Code: _____ # _____ CPT Code: _____ # _____ CPT Code: _____ # _____

OT - CPT Code: _____ # _____ CPT Code: _____ # _____ CPT Code: _____ # _____ CPT Code: _____ # _____

ST - CPT Code: _____ # _____ CPT Code: _____ # _____ CPT Code: _____ # _____ CPT Code: _____ # _____

Treatment auth requests must include therapy evaluation results & all other relevant clinical information

6. REASON FOR RETRO REQUEST: Admin delay-PA process Eligibility determination Litigation Natural disaster

Other