



Health Related Social Needs (HRSN)
Prior Authorization Request – Climate Device

Please Fax to 503.850.9398 Questions call 855.722.8205

****Chart Notes Required****

Full completion of the PA Form and providing required documentation will help to ensure timely processing of this request.

Member Information	
Last Name:	First Name:
Insurance ID #:	DOB:
Address:	County:
Phone:	Email:
Preferred Language:	Pronouns:

Requestor Information:	
Requesting Provider/Organization/Member:	Phone:
Address:	Email:

Provider Information (Current Provider That Manages Member's Clinical Risk Factors Related to HRSN)	
Care Provider:	Care Provider Phone:
TIN#:	NPI#:

Eligibility Criteria Member must meet ALL the following requirements If member does not meet HRSN eligibility, consider applying for HRS flex funds http://yamhillcco.org/wp-content/uploads/2026/01/Flexible-Services-Request-Form-F-PDF-01.26.2026.pdf
<input type="checkbox"/> Be enrolled in the OHP under category CCOA or CCOB <input type="checkbox"/> Be in AT LEAST ONE HRSN covered population <ul style="list-style-type: none"> <input type="checkbox"/> Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility <input type="checkbox"/> Adults and Youth Released from Incarceration <input type="checkbox"/> Adults and Youth Currently Involved In or Have Been previously Involved in the Oregon Child Welfare System <input type="checkbox"/> Individuals Transition from Medicaid-only to Dual Eligibility (Medicaid and Medicare) Status within the Next 3 Months or Past 9 months <input type="checkbox"/> Adults and Youth who are at risk of becoming unhoused <input type="checkbox"/> Young Adults with Special Health Care Needs (YSHCN)
<input type="checkbox"/> Meet AT LEAST ONE of the Climate Device-Specific Clinical Risk Factors <ul style="list-style-type: none"> <input type="checkbox"/> Air conditioners for individuals at health risk due to significant heat <input type="checkbox"/> Heaters for individuals at increased health risk due to significant cold <input type="checkbox"/> Air filtration devices and, as needed, replacement air filters for individuals at health risk due to compromised air quality <input type="checkbox"/> Mini refrigeration units as needed for individuals for medication storage (member must NOT have another source of refrigeration available) <input type="checkbox"/> Portable power supplies for individuals who need access to electricity-dependent equipment (eg ventilators, dialysis machines, IV equipment, chair lifts, mobility devices, etc.) or at risk of public safety power shutoffs that may compromise their ability to use medically necessary devices

<input type="checkbox"/> Meet the criteria for a Social Risk Factor – Member resides in their own home or a non-institutional, non-congregate primary residence and has a need that will be aided by one of the following devices: air conditioner, heater, air filtration device, portable power supply (PPS), and/or mini refrigeration units <input type="checkbox"/> Have a medically driven need for one of the following devices: air conditioner, heater, air filtration device, portable power supply, or refrigeration unit

Type of Need: (check appropriate box)
<input type="checkbox"/> Air Conditioner <input type="checkbox"/> Heater <input type="checkbox"/> Air Filter <input type="checkbox"/> Mini Refrigerator <input type="checkbox"/> Portable Power Supply

Clinical Criteria for Climate-Related Devices (current medical condition, active in past 12 mo.): <i>Medical necessity support documentation must demonstrate a medically driven need specific to the requested device.</i>	
ICD-10 Code(s):	CPT Code(s):
Air Conditioner <input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders <input type="checkbox"/> Bipolar and related disorders <input type="checkbox"/> Major depressive disorder, moderate severity, severe severity, with psychotic features, with a suicide attempt in the past 12mo, or crisis services (ED, mobile crisis team), acute psychiatric hospitalization, or residential treatment in the past 12mo. <input type="checkbox"/> One or more of the following: Substance Use Disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder <input type="checkbox"/> Major neurocognitive disorder <input type="checkbox"/> Pregnant: current - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> 0-6 years old - *See Required Conditions For Specific Age Groups Section	Air Filtration Device <input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders <input type="checkbox"/> Bipolar and related disorders <input type="checkbox"/> Major depressive disorder, moderate severity, severe severity, with psychotic features, with a suicide attempt in the past 12mo, or with crisis services (emergency department, mobile crisis team), acute psychiatric hospitalization, or residential treatment in the past 12mo. <input type="checkbox"/> One or more of the following: Substance Use Disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder <input type="checkbox"/> Major neurocognitive disorder <input type="checkbox"/> Pregnant: current - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> 0-6 years old - *See Required Conditions For Specific Age Groups Section

<ul style="list-style-type: none"> <input type="checkbox"/> 65+ years old - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> Chronic lower respiratory condition: chronic obstructive pulmonary disease (COPD), asthma requiring regular use of asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis <input type="checkbox"/> Chronic cardiovascular disease <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Any sensory, physical, intellectual, or developmental disability <input type="checkbox"/> Receiving in-home hospice <input type="checkbox"/> History of heat-related illness, including emergency room visits for heat-related illness <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Approval by review for medical exception due to: 	<ul style="list-style-type: none"> <input type="checkbox"/> 65+ years old - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> Chronic lower respiratory condition: chronic obstructive pulmonary disease (COPD), asthma requiring regular use of asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis <input type="checkbox"/> Chronic cardiovascular disease <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Any sensory, physical, intellectual, or developmental disability <input type="checkbox"/> Receiving in-home hospice <input type="checkbox"/> Home oxygen use: home O2, O2 concentrators, home ventilator <input type="checkbox"/> Approval by review for medical exception due to:
<p>Medical Mini Refrigerator</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medications requiring refrigeration. Examples include but are not limited to medications for diabetes mellitus, glaucoma, and asthma; TNF inhibitors <input type="checkbox"/> Enteral and parenteral nutrition <input type="checkbox"/> Approval by review for medical exception due to: 	<p>Portable Power Supply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Durable medical equipment (DME) requiring electricity for use (see additional info section for examples) <input type="checkbox"/> Assistive technologies requiring electricity and necessary for communication or ADLs <input type="checkbox"/> Approval by review for medical exception due to:
<p>Space Heater</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders <input type="checkbox"/> Bipolar and related disorders <input type="checkbox"/> Major depressive disorder, moderate severity, severe severity, with psychotic features, with a suicide attempt in the past 12mo, or with crisis services (ED, mobile crisis team), acute psychiatric hospitalization, or residential treatment in the past 12m <input type="checkbox"/> One or more of the following Substance Use Disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder <input type="checkbox"/> Major neurocognitive disorder <input type="checkbox"/> Pregnant: current - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> 0-6 years old - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> 65+ years old - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> Chronic lower respiratory condition: chronic obstructive pulmonary disease (COPD), asthma requiring regular use of asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis <input type="checkbox"/> Chronic cardiovascular disease <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Any sensory, physical, intellectual, or developmental disability <input type="checkbox"/> Receiving in-home hospice <input type="checkbox"/> History of heat-related illness, including emergency room visits for heat-related illness 	

- Chronic kidney disease
- Diabetes mellitus
- Multiple Sclerosis
- Parkinson's Disease
- Approval by review for medical exception due to:

Member Attestations (must be completed in full)

Member has attested to not be receiving duplicative services through other programs OR existing service is not fully meeting Member needs

Member has consented to:

- Receive approved HRSN Services
- Be contacted by phone, email, and text by YCCO staff
- Be contacted by phone by the service vendor for delivery and hook up
- Be contacted for and/or managed by Care Management (not required)
- Member can safely use the device where they live. Member can safely and legally plug in the device.
- Agrees to the use of information technology methods of personal data sharing.

Member attests the following:

- I want my CCO to see if I qualify for a device to help me during extreme weather.
- My CCO may contact me to get more information about this request.
- I sign under penalty of perjury. That means, to the best of my knowledge, all the information I gave in this request is true, correct, and complete.
- If I provide false or untrue information I may be subject to penalties under state or federal law. This may include having to pay back money spent on any services I receive because of this request.

Member Signature (may be digital or provider may document member's verbal consent):

Comments:

If member does not meet HRSN eligibility, consider applying for [HRS flex funds](#)

<https://yamhillcco.org/wp-content/uploads/2026/01/Flexible-Services-Request-Form-F-PDF-01.26.2026.pdf>

Required Conditions for Specific Age Groups:

Child less than 6 years of age and currently has, has a history of, or is at risk for at least one of the following:

- Heat stroke or heat exhaustion
- Hypothermia, frostbite, or chilblains
- Malnutrition
- Dehydration
- Child maltreatment as defined by the CDC (https://www.cdc.gov/violenceprevention/pdf/CM_Surveillance-a.pdf)
- Is a child with a special healthcare need (CYSHCN) as defined by the Health Resources and Services Administration (HRSA) ([https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth\[1\]special-health-care-needs-cyshcn#i](https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth[1]special-health-care-needs-cyshcn#i))
- An acute or chronic respiratory condition
- A respiratory or gastrointestinal infectious disease, or becoming febrile with an infectious illness
- Low birth weight of less than 2500 grams or 5.5 lbs

Pregnant and currently has, has a history of, or is at risk for at least one of the following:

- Heat stroke or heat exhaustion
- Hypothermia, frostbite, or chilblains
- An acute or chronic respiratory condition
- Infection
- High-risk pregnancy as defined by the NIH (<https://www.nichd.nih.gov/health/topics/high-risk/conditioninfo>)
- History of previous pregnancy, delivery, or birth complication including gestational diabetes, preeclampsia, preterm labor, preterm birth, placental abruption, newborn low birth weight, stillbirth
- Abuse or interpersonal violence
- Malnutrition
- Hyperemesis gravidarum and other causes of dehydration
- Maternal low birth weight of less than 2500 grams or 5.5 lbs
- Multiple pregnancy
- Mental health condition

Adult 65 years and older and currently has, has a history of, or is at risk for at least one of the following:

- Heat stroke or heat exhaustion
- Hypothermia, frostbite, or chilblains
- Malnutrition
- Dehydration
- Currently taking medications that impact heat tolerance, including for upper respiratory infections, allergies, COPD, muscle spasms, blood pressure, diuresis, diarrhea, constipation, anti-inflammation, mental health conditions, and sleep
- Abuse or neglect
- A respiratory or gastrointestinal infectious disease, or becoming febrile with an infectious illness • Mental health condition
- Two or more chronic health conditions

Additional Info:

Durable medical equipment (DME) requiring electricity for use examples (include but are not limited to):

- Oxygen delivery systems, including concentrators, humidifiers, nebulizers, and ventilator
- Intermittent positive pressure breathing machines
- Cardiac devices
- In home dialysis and automated peritoneal dialysis
- Feeding Pumps
- IV infusions
- Suction pumps
- Power wheelchair and scooter
- Lift systems and electric beds



- Breast pumps for first 6mo post-partum
- Other DME medically required for sustaining life

Procedure Code	Modifiers	Requested Item/Service
S5165	U1; V1	Air conditioner for individual at health risk due to significant heat, including delivery
S5165	U1; V4	Heater for individual at increased health risk due to significant cold, including delivery
S5165	U1; V2	Mini refrigeration unit as needed for individual for medication storage, including delivery
T2029	U1	Air filtration device for individual at health risk due to compromised air quality, including delivery
T2028	U1; TS	Air filter replacements
S5165	U1; V3	Portable power supply (PPSs) for individual who need access to electricity-dependent equipment (e.g., ventilators, dialysis machines, intravenous equipment, chair lifts, mobility devices, communication devices, etc.) or are at risk of public safety power shutoffs (PSPS) that may compromise their ability to use medically necessary devices.

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