Facility Based Behavioral Health
Inpatient, Residential, Partial Hospitalization, and IOP
Prior Authorization Request
Chart Notes Required

Please fax to 503.850.9398 I Questions call 971.345.5930 or 833.257.2189

Expedited Request, Out of Network Benefits, or Out of Network Providers must complete the required sections

Member Information	
Last Name:	First Name:
Insurance ID #:	DOB:
Address:	

REQUIRED **Contact Information**		
Name:	Phone:	Fax:

Primary Care Physician (PCP):	
Requesting Provider:	TIN#:
Address:	NPI#:
Servicing Provider:	TIN#:
Address:	NPI#:
Servicing Facility:	TIN#:
Address:	NPI#:

Do you have an active DMAP #: ☐ Yes ☐ No ☐ In Progress
Note: All DMAP administrative rules, guidelines, and applications to enroll can be found at www.oregon.gov/OHA/healthplan.

Requested Level of Care/ASAM Level:

OUTPATIENT	RESIDENTIAL	INPATIENT
☐ SUD – Level 2.1 (IOP)	☐ SUD – Level 3.1	☐ Subacute Detox – Level 3.7
☐ SUD – Level 2.5 (PHP)	☐ SUD – Level 3.3	☐ IP Detox – Level 3.7
☐ MH - IOP	☐ SUD – Level 3.5	☐ IP MH
☐ MH - PHP	☐ MH RTC	☐ MH Subacute
☐ MH – Day Treatment		Date Span:_____

Day Treatment, IOP, & Partial Hospitalization:
# of Units requested_____ # of Days per Week requested_____ Date Span:_____

ICD-10 Code(s):	Revenue/CPT Code(s):

Out of Network Facilities: Non contracted Facilities will need to request an Out of Network Exception. In event a facilityis unwilling to accept DMAP rates additional documentation supporting the enhanced rate will need to be provided. **Please indicate your willingness to accept DMAP rates ☐ Yes ☐ No Request must include supporting documentation to substantiate why services cannot be provided by an in-network provider/facility.**

☐New Patient or ☐ Established Patient I Date Last Seen:
Explanation Required (Continued on Next Page):

Expedite- defined as member's life, health, or ability to regain maximum function is in serious jeopardy if determination is not made in the standard time frame. **Request must include supporting documentation to substantiate an expedited review.**
Explanation Required: