

Facility Based Behavioral Health

Inpatient, Residential, Partial Hospitalization, and IOP

Prior Authorization Request

****Chart Notes Required****

Please fax to 503.850.9398 | Questions call YCCO Customer Service 855.722.8205

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:
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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 2.5 (PHP) ☐ MH - IOP ☐ MH - PHP ☐ MH – Day Treatment	☐ SUD – Level 3.1 ☐ SUD – Level 3.3 ☐ SUD – Level 3.5 ☐ MH RTC	☐ Subacute Detox – Level 3.7 ☐ IP Detox – Level 3.7 ☐ IP MH ☐ MH Subacute 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):
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Out of Network Facilities: Non contracted Facilities will need to request an Out of Network Exception. In event a facility is 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 | 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:

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