

# Enteral and Parenteral Nutrition Prior Authorization Form

Revised December 2018

For ALL Faxes: 503-416-3637 or toll-free: 833-205-3632



Home Infusion requests should be submitted via our provider portal, CareOregon Connect, or on the HOME INFUSION request form.

DME requests should be requested on the DMEPOS request form.

Date: _____	Provider (Agency/Vendor) name: _____	Tax ID#: _____
Contact Person: _____	Phone #: _____	Fax #: _____
Member Name: _____	DOB: _____	Subscriber ID#: _____
Prescribing Provider Name: _____	Phone #: _____	Fax #: _____
Primary Dx Code: _____	Description: _____	Dx Code: _____ Description: _____
Comments: _____		

<b>Record applicable HCPCS and appropriate modifier, CPT, or Revenue:</b>	<b>Dates of Service:</b> From _____ To _____	<input type="checkbox"/> Parenteral	<input type="checkbox"/> Enteral
Code: _____ Modifier: _____ Description: _____	Quantity: _____ @Price \$ _____	=Total \$ _____	
Code: _____ Modifier: _____ Description: _____	Quantity: _____ @Price \$ _____	=Total \$ _____	
Code: _____ Modifier: _____ Description: _____	Quantity: _____ @Price \$ _____	=Total \$ _____	
Code: _____ Modifier: _____ Description: _____	Quantity: _____ @Price \$ _____	=Total \$ _____	
Code: _____ Modifier: _____ Description: _____	Quantity: _____ @Price \$ _____	=Total \$ _____	
Code: _____ Modifier: _____ Description: _____	Quantity: _____ @Price \$ _____	=Total \$ _____	
Code: _____ Modifier: _____ Description: _____	Quantity: _____ @Price \$ _____	=Total \$ _____	
Code: _____ Modifier: _____ Description: _____	Quantity: _____ @Price \$ _____	=Total \$ _____	

**PLEASE NOTE:** DMEPOS staff is not authorizing the quoted price or total! Payment is based on contracted rules unless otherwise indicated. Page \_\_\_\_ of \_\_\_\_

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