



DMEPOS - EPIV Prior Authorization Form – Revised July 2017
 For ALL Faxes: 503-416-3637 or Toll Free: 1-833-205-3632

Date: ___/___/___ Provider (Agency/Vendor) Name: _____ Tax ID #: _____

Contact Person _____ Phone # _____ Fax # _____

Member Name: _____ Last First DOB: ___/___/___ Subscriber ID# _____

Prescribing Provider Name: _____ Last First Telephone #: _____ Fax#: _____

Primary Dx Code _____ Description _____ ; Dx Code _____ Description _____

Comments: _____

(Record applicable HCPCS and appropriate modifier, CPT, or Revenue): **Dates of Service:** From ___ To ___ DMEPOS EPIV

***PDAC verification is required for OHP requests for codes K0108 and E1399 >\$150 per OAR**

***For home infusions requests for Medicare (COA) members, how will the drug or J code be billed? Medical Pharmacy**

| | | | | | |
|------------|----------------|-------------------|----------------|------------------|-------------------|
| Code _____ | Modifier _____ | Description _____ | Quantity _____ | @ Price \$ _____ | = *Total \$ _____ |
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| 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.