

**DMEPOS - HH - EPIV
Prior Authorization Form**



- **Send ALL faxes in the Portland calling area to 503-416-3637 or toll-free 1-800-862-4831.**
- **Questions?** Call 503-416-4100 or toll-free 1-800-224-4840. Ask for a DME specialist.

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

Contact Person _____ Phone # _____ Fax # _____

Member Name _____ DOB ____/____/____ DMAP ID# _____ COA OHP Plus OHP Std

Address _____ City _____ Zip Code _____ Phone # _____

Prescribing Provider Name _____ Telephone # _____

Primary ICD-9 _____ Description _____ ICD-9 _____ Description _____

Record applicable HCPCS and appropriate modifier, CPT or revenue Dates of Service From _____ To _____ DMEPOS HH EPIV

Code _____ Modifier _____ Description _____ Quantity _____ @ Price \$ _____ = Total \$ _____

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Code _____ Modifier _____ Description _____ Quantity _____ @ Price \$ _____ = Total \$ _____

Comments _____

NOTE: DMEPOS authorization staff is not authorizing the quoted price. For authorized services, payment is based on contracted rates unless otherwise indicated.

Authorized _____ Auth # _____ Effective Date ____/____/____ Through Date ____/____/____

Comments _____

Signature _____ Date ____/____/____ Denied _____ Letter Request Form Completed _____

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