



315 SW Fifth Avenue, Suite 900  
 Portland, Oregon 97204  
 503-416-4100 or 800-224-4840  
 877-416-4161 (TTY/TDD)  
 www.careoregon.org

**OFFICE/CLINIC AUTHORIZATION FORM**  
**(Specialist, Therapist, Ancillary Providers)**

**CareOregon Advantage (Plus/Star) and OHP (Plus/Std) Members**  
**Revised January 2009**

**Fax Form and Chart Notes to: 503-416-3724 or 1-888-272-9315**

NOTE: Medicare and OHP guidelines allow up to 14 calendar days to process authorization requests. However, authorization requests submitted with complete information and chart notes are typically processed within 2-5 working days. If the member's medical condition is urgent, please mark URGENT on this form to alert us.

Name of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ From: PCP Office  Spec Office

Member Name: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last First MI  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DMAP ID#: \_\_\_\_\_ SS#: \_\_\_\_\_  
 OHP Plus:  OHP Standard:  Advantage Plus:  Advantage Star:

Primary ICD-9 code: \_\_\_\_\_ Secondary ICD-9 code (if applicable): \_\_\_\_\_

**Rendering** provider office/clinic name: \_\_\_\_\_  
 Individual provider name (optional) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI # \_\_\_\_\_  
**Please record the National Provider Identification number-accurate information helps us pay claims promptly**

**REQUEST AUTHORIZATION FOR:** (See Authorization Guidelines to determine IF an auth is required)

Specialist office visits: Diagnostic consult: \_\_\_\_\_ **OR** Office visits: \_\_\_\_\_ # of visits

Specialist office procedures: Primary CPT code: \_\_\_\_\_ Secondary CPT code: \_\_\_\_\_

Bariatric Center evaluations: \_\_\_\_\_ # of visits (the following information is needed to process request)  
 Mbr weight: \_\_\_\_\_ lbs as recorded on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_, Mbr height: \_\_\_\_\_ BMI: \_\_\_\_\_  
 Mbr age: \_\_\_\_ yrs. Does mbr have Type 2 diabetes: yes  no   
 CPT code: \_\_\_\_\_ CPT code: \_\_\_\_\_ CPT code: \_\_\_\_\_ CPT code: \_\_\_\_\_

Outpatient Therapies: Evaluation: P.T.  O.T.  S.T.  **OR** Visits: #PT \_\_\_\_ #OT \_\_\_\_ #ST \_\_\_\_  
 Therapy **visit** authorization requests **must** include therapy evaluation results and all other relevant clinical information

**AUTHORIZATION DECISION (do not write in this section)**

Primary ICD-9 Code: \_\_\_\_\_ OHP Line: \_\_\_\_\_ Primary CPT code: \_\_\_\_\_ OHP Line: \_\_\_\_\_

**Services Authorization:**  
 Dx consult: \_\_\_\_ Office visits #: \_\_\_\_ Office proc (CPT code): \_\_\_\_\_ Bariatric Center Eval-# visits: \_\_\_\_\_  
 Therapies: Eval - PT \_\_ OT \_\_ ST \_\_ Visits - PT# \_\_\_\_ OT# \_\_\_\_ PT/OT# combined \_\_\_\_ ST# \_\_\_\_

Authorization #: \_\_\_\_\_ Authorization valid until (date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 For therapies (OHP mbrs only), authorization pertains to: Acute benefit \_\_\_\_ Chronic benefit \_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_