

# Prior Authorization Request



We recommend submitting your request online at [Intouch.PacificSource.com](https://Intouch.PacificSource.com) for the most convenient service. Alternatively, you may use this form to submit a request via fax.

- Please include pertinent chart notes to expedite this request.
- Incomplete information will delay the prior authorization process.

**Confidential fax:** 541-225-3625

**Questions?** Call us at **800-431-4135**, TTY: 711. We accept all relay calls.

## Timing

Standard

Urgent (NOTE: **Scheduling issues do not meet the definition of an urgent request**). I certify that this request is urgent and medically necessary to treat an injury, illness, or condition (not life-threatening) within 48 hours to avoid complications and unnecessary suffering or severe pain.

## Requesting provider contact information

Contact person \_\_\_\_\_ Office name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

## Patient information

Last name \_\_\_\_\_ First name \_\_\_\_\_

DOB \_\_\_\_\_ Member number \_\_\_\_\_

## Procedure information

CPT/HCPCS procedure code(s)	Units/Visits requested	Diagnosis code(s)

Dates of service \_\_\_\_\_ To be scheduled

Outpatient Inpatient—do not use for ambulatory procedures. Refer to MCG Guidelines. We adhere to the IPO and ASC Exclusion List for Medicare only.

Existing authorization number \_\_\_\_\_

Dental under medical Request for # \_\_\_\_\_ additional visits

Durable medical equipment Rental Purchase Cost \$ \_\_\_\_\_

Continued >

**Medicaid-specific:**

Are the services requested part of EPSDT services?    Yes    No

Are the services requested part of a clinical trial?    Yes    No

Is this an Assertive Community Treatment (ACT) notification from an ACT provider?    Yes    No

**Provider information**

Ordering provider or surgeon \_\_\_\_\_ NPI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Tax ID \_\_\_\_\_

Does the ordering provider accept OHA rates?    Yes    No

Are you requesting an out-of-network exception?    Yes    No    If yes, please explain why and complete page 3:

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Place of service, vendor, or facility \_\_\_\_\_ NPI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Tax ID \_\_\_\_\_

Does the place of service accept OHA rates?    Yes    No

Are you requesting an out-of-network exception?    Yes    No    If yes, please explain why and complete page 3:

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Rendering provider/vendor \_\_\_\_\_ NPI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Tax ID \_\_\_\_\_

Does the rendering provider accept OHA rates?    Yes    No

Are you requesting an out-of-network exception?    Yes    No    If yes, please explain why and complete page 3:

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## Out-of-network exception

### Considerations for exception (check all that apply):

There are no in-network providers or facilities within 100 miles of the member's home. Please note that proximity to an in-network provider, by itself, does not guarantee approval for an exception.

The member's in-network provider cannot perform the necessary service and must refer to an out-of-network specialist or facility.

There are significant scheduling barriers preventing the member from obtaining a timely appointment with an in-network provider.

A change in the member's insurance has created a barrier to continuity of care.

Out-of-network outpatient sessions have been approved in the past by PacificSource or another carrier.

The member requires unique services that are not available in the service area. Please explain:

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The member cannot safely travel or transfer to an in-network provider. Please explain:

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Language barriers prevent safe or appropriate care within the network. Please specify:

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Other reason for the request. Please specify:

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The above requested information is required to process the claim. Failure to submit this information in full may result in prior authorization denial or incomplete claims processing.