UMPQUA HEALTH ALLIANCE

A Coordinated Care Organization

Phone: (541) 672-1685 Fax: (541) 677-5881

PRIOR AUTHORIZATION FORM
J-Codes

☐ ***STANDARD/ROUTINE*** Response will be provided within 24 hours of receipt

☐ ***RETRO*** (Service has already been delivered/completed) DATE OF SERVICE _____/_____/_____

****SUPPORTING DOCUMENTATION IS REQUIRED TO BE SUBMITTED WITH ALL REQUESTS****

Fields listed below in *RED are required fields. Failure to provide the required information may cause a delay in authorizations and/or authorizations to be cancelled/returned.

*Date: _____ *Person completing form: _____ *Phone: _____

Provider/Clinic Name: _____ Fax: _____

Member Information

*Name: *ID #: *DOB:

Requesting Provider Information

*Name: MD ☐ DO ☐ FNP ☐ NP ☐ PA ☐

*Address:

*NPI #: *Phone: *Fax:

Delivering Provider Information

*Name: *NPI #: *Phone:

*Address: *Fax:

Diagnosis Information

ICD-10 Diagnosis Code(s):

*Primary: Supporting:

Injectable/Infusion Drugs and Services

J-Code/CPT/HCPC	Name/Description	Strength (if applicable)	Dose (if applicable)	Quantity/ Total	Start Date	End Date

Inpatient ☐ **Outpatient** ☐ **Other Important Info:**

PAYMENT FOR ALL SERVICES IS SUBJECT TO CONFIRMATION that the beneficiary is eligible to receive the services as a covered benefit, the applicability of other sources for payment, UHA's Clinical Engagement and other policies and procedures, the terms of its contract with the state of Oregon, and all applicable laws, each as in effect or determined at the time each service is performed. Umpqua Health Alliance operates a Medicaid plan under the Oregon Health Plan. If you are a nonparticipating provider, payment is made at the rate set out in the relevant Oregon Administrative Rule. Generally, those rules can be found at OAR Chapter 410.