

650 NE Holladay St, Suite 1700
 Portland, Oregon
 Phone: 888-416-3184
 Fax: 877-575-8309



www.comagine.org/obhsp

Oregon Behavioral Health Support Program

Oregon Prior Authorization Request

Form CH-007: PA-Rehab - Psychosocial Rehabilitation Services (PRS)

Please send completed requests to Comagine Health via one of the following methods:

Fax: 877-575-8309 Secure email: ORBHSupport@comagine.org

Mail: Comagine Health – OBHSP
 650 NE Holladay St., Suite 1700
 Portland, OR 97232

Please complete this form to request prior authorization of Psychosocial Rehabilitation Services (outpatient rehabilitation). Complete all fields and **provide clinical documentation sufficient to determine medical necessity**. Ensure the referring provider and rendering provider information is complete.

To request authorization for residential services, please use the Form CH-006 (Plan of Care Request).

Please submit PA requests via MMIS.

Request Information		
Last name:	First name:	MI:
Date of birth:	Medicaid ID (prime number):	Social Security number:
Is member eligible for Home- and Community-Based Services 1915(i) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosis (DSM 5/ICD 10):	
Behavioral health program name:	Phone:	
Referring provider number:	Rendering provider number:	

Services Requested

Description	Procedure code	Modifiers	Requested start date	Requested end date	Number of units or dollar amount

Indicates more services requested on page 2 of this form.

PROVIDER INFORMATION

Behavioral health program name: _____

Address: _____

Phone: _____ Fax #: _____

Contact Person: _____

Referring provider name: _____

Address: _____

Phone: _____ Fax #: _____

Contact Person: _____

Rendering provider name: _____

Address: _____

Phone: _____ Fax #: _____

Contact Person: _____

Additional Services Requested

Description	Procedure code	Modifiers	Requested start date	Requested end date	Number of units or dollar amount



Description	Procedure code	Modifiers	Requested start date	Requested end date	Number of units or dollar amount

