

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 Authorization).

Request Information		
Last name:	First name:	MI:
Date of birth:	Medicaid ID (prime number):	Social Security number:
Is individual/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 – Please fill in completely:

Behavioral health program name: _____

Address: _____

Phone: _____ Fax #: _____

Contact Person: _____

Referring provider name: _____

Address: _____

Phone: _____ Fax #: _____

Contact Person: _____ Email: _____

Rendering provider name: _____

Address: _____

Phone: _____ Fax #: _____

Contact Person: _____ Email: _____

Housing Locations

Private residence/Independent living Supportive/supported housing DD/APD Setting

Level of care: RTH/RTF AFH SRTF TAY Other

Additional Services Requested

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



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