Oregon Medicaid Prior Authorization Request

KEPRO INTELLIGENT VALUE

Form KF–005: Outpatient Rehab, Community Habilitation, or ABA Behavioral Health Services

Send completed requests to KEPRO via one of the following methods:

☐ *FAX to:* **1-844-673-8034**

☐ *Send via secure email to:* **OR1915i@kepro.com**

☐ *Postal Mail to:* 1750 Blankenship Road
Suite 425
West Linn, Oregon 97068

- Only use this form to request authorization of outpatient rehabilitation, community habilitation or applied behavioral analysis (ABA) services.
- To request authorization for residential services, please use the Form KF - 007 (Plan of Care Request).

REQUEST INFORMATION

Member's 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?	☐ Yes ☐ No	
Behavioral health program name:	Phone:	
Referring provider number:	Rendering provider number:	

SERVICES REQUESTED

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

☐ **Indicates more services requested on page 2 of this form.** SAVE AS PRINT CLEAR FORM

SIGNATURES

By signing below, the member's health care provider (Provider) and/or Community Mental Health Program (CMHP) verify that they have reviewed the above services and recommend them for this member.

Provider signature _____ Name and title _____ Date _____

CMHP representative signature – *Not required for ABA service authorizations* _____ Name and title _____ Date _____

KF-005.2017

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PAGE 2 – ADDITIONAL SERVICES REQUESTED

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

For more services, print additional copies of this form page 2 and include with request.

1750 Blankenship Road, Suite 425, West Linn, Oregon 97068 • Telephone 844.658.1729 • FAX 844.673.8034 • www.OHPCC.org