

Oklahoma HCA 12A: Example for DME/AAC request



STATE OF OKLAHOMA
Oklahoma Health Care Authority
Prior Authorization Request

- Initial Request
- Additional Documentation
- Amended
- Photos/Videos Included

SECTION I Prescribing Physician No.: _____ NPI / ZIP+4: _____ Physician Name: _____ Phone: () _____ Signature: <input type="checkbox"/> Physician signs here. Date: _____	SECTION II Member RID: _____ Member Name: _____ Date of Birth: _____ Parent/Guardian: _____ Address: _____ State/Zip: _____ Phone: () _____
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Must be dated AFTER AAC report.

SECTION III
 Estimated Length of Treatment: _____ Diagnosis Code(s): _____
 Physician's Prescription: _____

List device name and any additional accessories only.

SECTION IV
 Servicing Prov. No. & Loc.: _____
 NPI / ZIP+4: _____
 Phone: () _____
 Provider Name: _____
 Address: _____
 City/State/Zip: _____
 Signature of Servicing Prov.: _____ Date: _____

PRC-SALTILLO is the vendor and will sign here.

SECTION V
 Date Span of Service From: _____ To: _____
 Assignment Code (Select from below): _____

(01) Home Health	(08) Audiology	(26) Clinic
(02) Hospital IP Facility or Hospital IP Physician	(12) DME	(37) Hospice
(03) Hospital OP	(17) Vision Care	(40) High Risk OB
(04) Physician	(21) PD Nursing	(46) Sleep Studies
(06) Transplant	(25) Lab and X-Ray	

Leave blank

SECTION VI - Do Not Skip Lines or PA will be Cancelled

LINE ITEM	CPT, ICD or HCPCS Code	MODIFIER	DESCRIPTION (Must Be On One Line)	TOTAL UNITS FOR DATE SPAN	TOTAL BILLED CHARGES
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					

Add one item per line. Include the device and accessories. Should match Section III.