

**CASCADE HEALTH ALLIANCE**2909 Daggett Ave. Suite 200, Klamath Falls, OR  
541-883-2947**FAX: 541-882-6914****DME AUTHORIZATION REQUEST FORM**  
**For Equipment/Supplies Provided by CHA Only****INCOMPLETE REQUESTS WILL BE RETURNED****THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT**

PAYMENT WILL BE BASED ON OHP BENEFITS IN EFFECT, TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY

<b>DATE:</b>	<b>INDIVIDUAL COMPLETING FORM:</b>	<b>PHONE #</b>
<b>PATIENT NAME:</b>	<b>BIRTHDATE:</b>	<b>MEMBER ID #</b>
<b>ORDERING PROVIDER:</b>	<b>DME PROVIDER: Cascade Health Alliance</b>	
<b>REASON FOR REFERRAL</b>		
<b>ICD-10 DIAGNOSIS CODE(S) * REQUIRED. *:</b>		<b>Discharge date:</b>

**DME REQUESTS REQUIRE CURRENT MD ORDER & CHART NOTES**

Equipment/Supply	Code	Quantity	Comments
Standard FWW	E0143		
Single Point cane	E0100		
Quad Cane	E0105		
Bath Transfer Bench	E0247		
Shower Chair with Back	E0245		
Bedside Commode Toilet Riser	E0163		
Bathtub wall Rail	E0241		
Toilet Rail	E0243		
Automatic Blood Pressure Monitor	A4670		<b>Includes Large cuff only</b>
Blood Pressure Cuff only	A4663		<b>Please circle size cuff needed: Reg or Xlg</b>
Finger Pulse Oximeter	E0445		
Nebulizer	E0570		
Nebulizer Supply Kit (2 per Month)	A7003		
Nebulizer Pediatric Mask Kit (2 Per Month)	A7015		
Aerochamber	A4627		<b>Size Needed:</b>
Peak flow Meter	A4614		

**All other DME requests, must go on the appropriate forms for the DME Vendors who will then process your request and submit an authorization request to Cascade Health Alliance (CHA).****Physician Signature**  
**Or a copy of Signed Physician order**

Updated CCC DME Auth Form 7/18