SoonerCare
Oklahoma Health Care Authority

HCA-65

Out-of-State Prior Authorization Request

Member Name _____ ☐ Male ☐ Female RID _____ DOB _____

Member Address _____

Parent/Caregiver _____ Contact Number _____

Referring PCP or Specialist _____ NPI or Provider ID # _____

Contact for referring Provider _____ Contact Number _____

Active Diagnosis/Diagnoses Related to Request _____

Services Being Requested _____

Are these services emergent or urgent based on clinical conditions? If yes, why?

Date of Service _____ ☐ Outpatient ☐ Inpatient Length of Stay (Inpatient) _____

Is transportation needed? If so, what type? _____

Accepting Provider/Facility _____ Provider ID# or NPI _____

Full Address _____ Phone _____

FOR OHCA USE ONLY Non-Contracted _____ Willing to Contract _____

Accepting Provider/Facility _____ Provider ID# or NPI _____

Full Address _____ Contact Person _____ Phone _____

FOR OHCA USE ONLY Non-Contracted _____ Willing to Contract _____

Please attach the following:

- Documentation to establish the medical necessity of services requested, such as medical records
- Letter of medical necessity or other thorough summary document that includes:
  - Summary of the member's condition and history of treatment related to request
  - History of other providers who have evaluated, treated or consulted member related to request
  - Recommended treatment or further diagnostic needed
  - Why medical care cannot be completed in Oklahoma or the next closest location

Please fax the completed request to OHCA Population Care Management at (405) 530-3217.

Date Received by OHCA _____