



# OUTPATIENT CALIFORNIA MEDI-CAL AUTHORIZATION FORM



Request for additional units. Existing Authorization Units

Complete & Fax to: 1-800-743-1655  
Transplant Fax to: 1-833-769-1141

**Standard requests -** Determination within 5 business days of receiving all necessary information.

**Urgent requests -** I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

\* INDICATES REQUIRED FIELD

URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

Last Name, First

\*Date of Birth

## MEMBER INFORMATION

\*Member ID

(MMDDYYYY)

## REQUESTING PROVIDER INFORMATION

Requesting Provider Contact Name

\*Requesting NPI

\*Requesting TIN

Phone

Requesting Provider Address

\*Fax

City, State, Zip

## SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider Servicing Provider Contact Name

\*Servicing NPI

\*Servicing TIN

Phone

Servicing Provider/Facility Name Address

Fax

City, State, Zip

## AUTHORIZATION REQUEST

\*Primary Procedure Code

Additional Procedure Code

\*Start Date OR Admission Date

\*Diagnosis Code

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

Additional Procedure Code

Additional Procedure Code

End Date OR Discharge Date

Total Units/Visits/Days

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(Enter the Service type number in the boxes)

### \*OUTPATIENT SERVICE TYPE

- |   |                           |   |
|---|---------------------------|---|
| 199 Adult Day Care                            | 997 Office Visit/Consult  | 127 Speech Therapy Evaluation (nonpar only) |
| 422 Biopharmacy                               | 794 Outpatient Services   | 701 Speech Therapy                          |
| 712 Cochlear Implants & Surgery               | 171 Outpatient Surgery    | 790 Occupational Therapy                    |
| 299 Drug Testing                              | 428 Second Opinion        |   |
| 922 Experimental and Investigational Services | 201 Sleep Study           |   |
| 205 Genetic Testing & Counseling              | 993 Transplant Evaluation | <b>DME</b>                                  |
| 290 Hyperbaric Oxygen Therapy                 | 209 Transplant Surgery    | 417 Rental                                  |
| 141 Imaging                                   | 724 Transportation        | 120 Purchase                                |
| 112 Nutritional Supplements and/or Services   | 971 Physical Therapy      |   |
| 279 Occupational Therapy Evaluation           | Evaluation (nonpar only)  |   |
| 101 Physical Therapy                          |                           | (Purchase Price)                            |

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.

COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered benefit and medically necessary with prior authorization as per the Plan policy and procedures. Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. \*Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

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Rev.12062023

XC-PAF-6083