



# OUTPATIENT CALIFORNIA HEALTHNET MEDICARE AUTHORIZATION FORM

Complete and Fax to: 1-844-501-5713  
Transplant Fax to: 1-833-769-1143

Request for additional units. Existing Authorization

Units

**For Standard requests, complete this form and FAX to 1-844-501-5713.** Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after receipt of request.

**For Expedited requests.** Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

\* INDICATES REQUIRED FIELD

EXPEDITED REQUESTS MUST BE SIGNED BY  
THE PHYSICIAN TO RECEIVE PRIORITY



## MEMBER INFORMATION

Last Name, First

Member ID \*

Date of Birth \*

(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 \*

(Modifier)

Additional Procedure Code

(Modifier)

Start Date OR Admission Date \*

Diagnosis Code \*

(CPT/HCPCS)

(CPT/HCPCS)

(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)

### \*OUTPATIENT SERVICE TYPE

- (Enter the Service type number in the boxes)
- 422 Biopharmacy
  - 712 Cochlear Implants & Surgery
  - 299 Drug Testing
  - 922 Experimental Investigational-Services
  - 799 Genetic Counseling
  - 709 Genetic Testing
  - 249 Home Health
  - 290 Hyperbaric Oxygen Therapy
  - 141 Imaging Services
  - 395 Infertility Diagnosis or Treatment
  - 410 Observation
  - 790 Occupational Therapy
  - 997 Office Visit/Consult
  - 794 Outpatient Services
  - 171 Outpatient Surgery
  - 202 Pain Management
  - 101 Physical Therapy
  - 701 Speech Therapy
  - 992 Transplant
  - 724 Transportation
  - 792 Vendor

### DME (Orthotics and Prosthetics)

- 417 Rental
- 120 Purchase (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 Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures. Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company are subsidiaries 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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