



**OUTPATIENT CALIFORNIA HEALTH NET** Complete and Fax to: 1-844-694-9165  
**COMMERCIAL AUTHORIZATION FORM**

Request for additional units. Existing Authorization Units

**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.

\*Date of Birth

**MEMBER INFORMATION**

\*Medicaid/Member ID

Last Name, First

(MMDDYYYY)

**REQUESTING PROVIDER INFORMATION**

\*Requesting NPI

\*Requesting TIN

Requesting Provider Contact Name

Requesting Provider Name

Phone

\*Fax

**SERVICING PROVIDER / FACILITY INFORMATION**



Same as Requesting Provider

\*Servicing NPI

\*Servicing TIN

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

**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)

**\*OUTPATIENT SERVICE TYPE**

(Enter the Service type number in the boxes)

- |   |                               |                    |                  |
|---|-------------------------------|--------------------|------------------|
| 422 Biopharmacy                               | 997 Office Visit/Consult      |                    |                  |
| 712 Cochlear Implants & Surgery               | 794 Outpatient Services       |                    |                  |
| 299 Drug Testing                              | 171 Outpatient Surgery        |                    |                  |
| 922 Experimental and Investigational Services | 202 Pain Management           | 417 DME - Rental   |                  |
| 799 Genetic Counseling                        | 101 Physical Therapy          | 120 DME - Purchase | (Purchase Price) |
| 709 Genetic Testing                           | 650 Radiation Therapy         |                    |                  |
| 249 Home Health                               | 107 Respite Care              |                    |                  |
| 390 Hospice Services                          | 428 Second Opinion            |                    |                  |
| 290 Hyperbaric Oxygen Therapy                 | 201 Sleep Study               |                    |                  |
| 211 OB Ultrasound                             | 701 Speech Therapy            |                    |                  |
| 410 Observation                               | 472 Stereotactic Radiosurgery |                    |                  |
| 790 Occupational Therapy                      | 992 Transplant                |                    |                  |
|   | 724 Transportation            |                    |                  |

**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 Ambetter policy and procedures.

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