



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

X

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

422 Biopharmacy

712 Cochlear Implants & Surgery

299 Drug Testing

922 Experimental and Investigational Services

205 Genetic Testing & Counseling

290 Hyperbaric Oxygen Therapy

141 Imaging

112 Nutritional Supplements and/or Services

279 Occupational Therapy Evaluation

101 Physical Therapy

997 Office Visit/Consult

794 Outpatient Services

171 Outpatient Surgery

428 Second Opinion

201 Sleep Study

993 Transplant Evaluation

209 Transplant Surgery

724 Transportation

971 Physical Therapy

Evaluation (nonpar only)

127 Speech Therapy Evaluation (nonpar only)

701 Speech Therapy

790 Occupational Therapy

DME

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 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.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Rev.12062023

XC-PAF-6083

