



INPATIENT CALIFORNIA HEALTHNET COMMERCIAL PRIOR AUTHORIZATION

Complete and Fax to: 1-844-694-9165

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.

HMO

POS

PPO

URGENT REQUESTS MUST BE SIGNED BY THE
PHYSICIAN TO RECEIVE PRIORITY

*** Indicates Required Field**

MEMBER INFORMATION

Last Name, First *Date of Birth
*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 Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity Additional Diagnosis Code
(CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDDYYYY) (ICD-10)

*INPATIENT SERVICE TYPE	Delivery (Enter the Service type number in the boxes)		
	779 C-Section Delivery	Miscellaneous	Miscellaneous
	720 Vaginal Delivery	121 Long Term Acute Care	121 Hospice Inpatient
	Inpatient Rehab	970 Medical	492 Sub Acute
	427 Rehab	414 Premature/False Labor	
	Transplant	402 Skilled Nursing Facility	
	992 Transplant	411 Surgical	Behavioral Health
		490 Boarder Baby	528 BH Chemical Substance Abuse
		300 Neonate	529 BH Psychiatric Admission

**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. 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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