



OUTPATIENT CALIFORNIA HEALTHNET COMMERCIAL AUTHORIZATION FORM

Complete and **Fax** to: 1-844-694-9165
Transplant **Fax** to: 1-833-769-1142

HMO
POS
PPO

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.

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

- 412 Auditory
- 422 Biopharmacy
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental and Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home Health
- 390 Hospice Services
- 290 Hyberbaric Oxygen Therapy
- 395 Infertility Diagnosis or Treatment
- 211 OB Ultrasound

- 410 Observation
- 997 Office Visit/Consult
- 210 Orthotics
- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 147 Prosthetics
- 428 Second Opinion
- 201 Sleep Study
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation

Behavioral Health

- 533 BH Applied Behavioral Analysis
- 512 BH Community Based Services
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 510 BH Medical Management
- 518 BH Mental Health /Chemical Dependency Observation
- 519 BH Outpatient Therapy
- 530 BH PHP
- 520 BH Professional Fees
- 522 BH Psychiatric Evaluation
- 521 BH Psychological Testing

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. 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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