wellcare By Health Net

Complete and Fax to: 1-844-501-5713

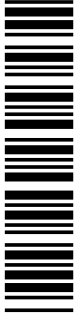
INPATIENT CALIFORNIA HEALTHNET MEDICARE AUTHORIZATION FORM

For Standard (Elective Admission) requests, complete this form and Fax. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the 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.

X

EXPEDITED REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY



*** Indicates Required Field**

MEMBER INFORMATION

Last Name, First

Date of Birth *

(MMDDYYYY)

Member ID *

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

(CPT/HCPCS) (Modifier)

Additional Procedure Code

(CPT/HCPCS) (Modifier)

Start Date OR Admission Date *

(MMDDYYYY)

Diagnosis Code *

(ICD-10)

Additional Procedure Code

(CPT/HCPCS) (Modifier)

Additional Procedure Code

(CPT/HCPCS) (Modifier)

Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity

(MMDDYYYY)

Additional Diagnosis Code

(ICD-10)

INPATIENT SERVICE TYPE *

(Enter the Service type number in the boxes)

- 779 C-Section Delivery
- 970 Medical
- 414 Premature/False Labor
- 427 Rehab
- 402 Skilled Nursing Facility
- 492 Sub-Acute
- 411 Surgical
- 992 Transplant
- 720 Vaginal Delivery

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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