



INPATIENT CALIFORNIA HEALTHNET MEDI-CAL PRIOR AUTHORIZATION

Complete and **Fax** to: 1-800-743-1655

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.

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 970 Medical 414 Premature/False Labor 402 Skilled Nursing Facility 411 Surgical 492 Subacute
	720 Vaginal Delivery	
Inpatient Rehab		
427 Rehab		
Transplant		
992 Transplant		

**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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