



# INPATIENT CALIFORNIA HEALTH NET COMMERCIAL PRIOR AUTHORIZATION

Complete and Fax: 844-694-9165  
Behavioral Health Requests Fax: 855-663-2244

HMO

POS

PPO

**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

\*Member ID

Last Name, First

\*Date of Birth

(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

720 Vaginal Delivery

##### Inpatient Rehab

427 Rehab

##### Transplant

992 Transplant

##### Miscellaneous

121 Long Term Acute Care

970 Medical

414 Premature/False Labor

402 Skilled Nursing Facility

411 Surgical

490 Boarder Baby

300 Neonate

##### Miscellaneous

121 Hospice Inpatient

492 Sub Acute

##### Behavioral Health

528 BH Chemical Substance Abuse

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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