



MEDICARE OUTPATIENT AUTHORIZATION

Standard/ Expedited Requests **Fax:** 844-501-5713
Transplant Requests **Fax:** 833-769-1143
Behavioral Health Requests **Fax:** 855-663-2244

CALIFORNIA HEALTH NET

Request for additional units. Existing Authorization

Units

For Standard requests, complete this form and FAX to 844-501-5713. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after 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.

* INDICATES REQUIRED FIELD



EXPEDITED REQUESTS MUST BE SIGNED BY
THE PHYSICIAN TO RECEIVE PRIORITY

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

End Date OR Discharge Date

Total Units/Visits/Days

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

OUTPATIENT SERVICE TYPE*

(Enter the Service type number in the boxes)

412 Auditory
422 Biopharmacy
712 Cochlear Implants & Surgery
299 Drug Testing
922 Experimental Investigational Services
205 Genetic Testing & Counseling
249 Home Health
290 Hyperbaric Oxygen Therapy
141 Imaging
729 Neuropsychological Testing
410 Observation
790 Occupational Therapy
997 Office Visit/Consult
794 Outpatient Services
171 Outpatient Surgery
202 Pain Management
101 Physical Therapy
428 Second Opinion
701 Speech Therapy
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 (IOP)
510 BH Medical Management
518 BH Mental Health /Chemical Dependency Observation
519 BH Outpatient Therapy
530 BH Partial Hospitalization Program (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 Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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