



OUTPATIENT CALIFORNIA HEALTHNET MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-800-929-9224
Standard Requests: **Fax** to 1-844-501-5713

Request for additional units. Existing Authorization

Units

For Standard requests, complete this form and FAX to 1-844-501-5713. 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, please CALL 1-800-929-9224. 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

MEMBER INFORMATION

Member ID * Last Name, First Date of Birth *
(MDDYYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI * Requesting TIN * Requesting Provider Contact Name
Requesting Provider Name Phone Fax *

SERVICING PROVIDER / FACILITY INFORMATION

↳ Same as Requesting Provider
Servicing NPI * Servicing TIN * Servicing Provider Contact Name
Servicing Provider/Facility Name Phone Fax

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)

- | | |
|---|--------------------------|
| 422 Biopharmacy | 790 Occupational Therapy |
| 712 Cochlear Implants & Surgery | 997 Office Visit/Consult |
| 299 Drug Testing | 794 Outpatient Services |
| 922 Experimental Investigational-Services | 171 Outpatient Surgery |
| 799 Genetic Counseling | 202 Pain Management |
| 709 Genetic Testing | 101 Physical Therapy |
| 249 Home Health | 701 Speech Therapy |
| 290 Hyperbaric Oxygen Therapy | 992 Transplant |
| 141 Imaging Services | 724 Transportation |
| 395 Infertility Diagnosis or Treatment | 792 Vendor |
| 410 Observation | |

DME (Orthotics and Prosthetics)

- 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.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.