



OUTPATIENT CALIFORNIA HEALTHNET
MEDI-CAL AUTHORIZATION FORM

Complete and Fax to: 1-800-743-1655
Transplant Fax to: 1-833-769-1141

Request for additional units. Existing Authorization Units

Standard requests - Determination within 5 business days of receiving all necessary information.

I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within
Urgent requests - 72 hours to avoid complications and unnecessary suffering or severe pain.

* INDICATES REQUIRED FIELD

X URGENT REQUESTS MUST BE SIGNED BY THE REQUESTING 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)

(Enter the Service type number in the boxes)

*OUTPATIENT SERVICE TYPE

- 199 Adult Day Care 997 Office Visit/Consult 127 Speech Therapy Evaluation (nonpar only)
422 Biopharmacy 794 Outpatient Services 701 Speech Therapy
712 Cochlear Implants & Surgery 171 Outpatient Surgery 790 Occupational Therapy
299 Drug Testing 428 Second Opinion 201 Sleep Study
922 Experimental and Investigational Services 993 Transplant Evaluation
205 Genetic Testing & Counseling 209 Transplant Surgery DME
290 Hyperbaric Oxygen Therapy 724 Transportation 417 Rental
141 Imaging 971 Physical Therapy 120 Purchase
112 Nutritional Supplements and/or Services Evaluation (nonpar only)
279 Occupational Therapy Evaluation
101 Physical Therapy (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. 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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