

# Avoid Processing Delays for Prior Authorization Requests With These Guidelines

*Improving the patient experience by helping members understand how the prior authorization (PA) process and timelines work when PA is needed.*

Visit [bit.ly/HNPAInfo](http://bit.ly/HNPAInfo) to access PA:

- Validation tools
- Inpatient and outpatient forms
- Requirements lists, which include third-party vendors who perform PA reviews for select services.

Where to submit prior authorization requests	
If you are ...	Submit inpatient or outpatient service PA requests to:
A physician or other provider affiliated with a delegated participating physician group (PPG)	The PPG and follow the PPG's procedures. Contact the PPG for information.
Directly contracting fee-for-service (FFS) providers	Refer to the PA Requirements list at <a href="http://bit.ly/HNPAInfo">bit.ly/HNPAInfo</a> for direction on where to submit PA requests based on the type of service, drug, device or procedure.
Be aware of prior authorization timelines	
If the request is for...	Submit the prior authorization request:
An <b>elective</b> inpatient or outpatient service or procedures	As soon as the need for service is identified.
A <b>routine</b> service or procedure	At least five business days before a scheduled procedure.
An <b>urgent</b> service or procedure	72 hours before a scheduled procedure. Emergency services do not require prior authorization.

If you have not received a response in this timeframe, please contact the Health Net\* Provider Services Center at [bit.ly/HN-PSC\\_Commercial](http://bit.ly/HN-PSC_Commercial) for the appropriate phone number listed for Commercial Plans or Medi-Cal at **800-675-6110**. Members should contact the PPG or provider office directly for PA status and updates.

## Follow these tips to avoid processing delays:

- Submit timely (see table above).
- Include sufficient clinical notes. Some surgical requests require submission of non-returnable color photos, models or X-rays (e.g., reconstructive surgery or repair).
- Include all member information (e.g., date of birth, ID number).
- Include correct CPT codes.
- Provide anticipated date of service, if scheduled, or place of service code and facility name.
- Include information for the referring and/or servicing physician or other provider (e.g., tax ID number/National Provider Identifier (NPI), contact name, phone number).
- Submit request to correct department and/or entity.
- Include the correct amount requested (number of visits, dosage, quantity).

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