



# MEDICARE INPATIENT AUTHORIZATION

Complete and Fax: 844-501-5713  
Behavioral Health Requests Fax: 855-663-2244

CALIFORNIA HEALTH NET

**For Standard (Elective Admission) requests, complete this form and Fax.** Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the 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

EXPEDITED REQUESTS MUST BE SIGNED BY  
THE PHYSICIAN TO RECEIVE PRIORITY

\* INDICATES REQUIRED FIELD

## 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)

## INPATIENT SERVICE TYPE \*

(Enter the Service type number in the boxes)

402 Skilled Nursing Facility

492 Sub-Acute

411 Surgical

992 Transplant

720 Vaginal Delivery

779 C-Section Delivery

970 Medical

414 Premature/False Labor

427 Rehab

121 Long Term Acute Care

### 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 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.

03 31 2025

XE-PAF-1651