



# INPATIENT CALIFORNIA MEDI-CAL PRIOR AUTHORIZATION



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

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

Complete and  
**Fax to: 1- 800-743-1655**

X

URGENT 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

Discharge Date (if applicable) otherwise  
Length of Stay will be based on Medical Necessity

Additional Diagnosis Code

(CPT/HCPCS)

(Modifier)

(CPT/HCPCS)

(Modifier)

(MMDDYYYY)

(ICD-10)

#### \*INPATIENT SERVICE TYPE

Delivery

(Enter the Service type number in the boxes)

779 C-Section Delivery

720 Vaginal Delivery

Inpatient Rehab

427 Rehab

Transplant

992 Transplant

#### Miscellaneous

970 Medical

414 Premature/False Labor

402 Skilled Nursing Facility

411 Surgical

492 Subacute

**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 benefit and medically necessary with prior authorization as per the Plan policy and procedures. Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. \*Health Net Community Solutions, Inc. is a subsidiary 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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