



OUTPATIENT CALIFORNIA MEDI-CAL AUTHORIZATION FORM



Request for additional units Existing Authorization Units

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

Standard requests: Determination made as expeditiously as the enrollee's health condition requires, but no later than 7 calendar days after the receipt of request.

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.

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Last Name, First *Date of Birth
 (MMDYYYY)

*Member ID

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) (MMDYYYY) (ICD-10)

Additional Procedure Code Additional Procedure Code *End Date OR Discharge Date Total Units/Visits/Days
 (CPT/HCPCS) (Modifier) (CPT/HCPCS) (Modifier) (MMDYYYY)

OUTPATIENT SERVICE TYPE*

(Enter the Service type number in the boxes)

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

DME

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 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.

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.

