



# OUTPATIENT CALIFORNIA MEDI-CAL AUTHORIZATION FORM



Request for additional units.

Existing Authorization

Units

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

**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.

\* INDICATES REQUIRED FIELD

X

URGENT REQUESTS MUST BE SIGNED BY THE  
REQUESTING PHYSICIAN TO RECEIVE PRIORITY.

Last Name, First

\*Date of Birth

## MEMBER INFORMATION

\*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  
422 Biopharmacy  
712 Cochlear Implants & Surgery  
299 Drug Testing  
922 Experimental and Investigational Services  
205 Genetic Testing & Counseling  
290 Hyperbaric Oxygen Therapy  
141 Imaging  
112 Nutritional Supplements and/or Services  
279 Occupational Therapy Evaluation  
101 Physical Therapy

997 Office Visit/Consult  
794 Outpatient Services  
171 Outpatient Surgery  
428 Second Opinion  
201 Sleep Study  
993 Transplant Evaluation  
209 Transplant Surgery  
724 Transportation  
971 Physical Therapy  
Evaluation (nonpar only)

127 Speech Therapy Evaluation (nonpar only)  
701 Speech 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.

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