



# MEDICARE INPATIENT AUTHORIZATION CALIFORNIA HEALTHNET

Complete and Fax: 1-844-501-5713

**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

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 \***

(Enter the Service type number in the boxes)

- |                              |                           |
|------------------------------|---------------------------|
| 402 Skilled Nursing Facility | 779 C-Section Delivery    |
| 492 Sub-Acute                | 970 Medical               |
| 411 Surgical                 | 414 Premature/False Labor |
| 992 Transplant               | 427 Rehab                 |
| 720 Vaginal Delivery         | 121 Long Term Acute Care  |

**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. Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company are subsidiaries 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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