MEDICARE **OUTPATIENT AUTHORIZATION**

wellcare

伊 Health Net®

Standard/ Expedited Requests:844-501-5713 Transplant Requests: 833-769-1143

CALIFORNIA HEALTHNET

Request for additional units	Request for additional units. Existing Authorization			Units	
For Standard requests, c 14 calendar days after recei	•	X to 844-501-5713.	Determination made as expedition	ously as the enrollee's health condition requires, but no later than	
	Expedited requests are made enrollee's life, health, or ability			iting for a decision under the standard	
* INDICATES REQUIRED FIELD X		E;			
MEMBER INFORMATIC	N Last Name, First				
Member ID *			EXPEDITED REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY Date of Birth *		
				(MMDDYYYY)	
REQUESTING PROVIDE	R INFORMATION R	equesting Provider Cont	act Name		
Requesting NPI *	Reques	sting TIN *	Phone		
Requesting Provider Address				Fax*	
City, State, Zip					
SERVICING PROVIDER	/ FACILITY INFORM	ATION			
Same as Requesting Provider Servicing Provider Contact N		g Provider Contact Nam	e		
Servicing NPI *	Servici	ing TIN*	Phon	e	
ervicing Provider/Facility Nam	e Address			Fax	
City, State, Zip					
AUTHORIZATION REQU	EST				
rimary Procedure Code* (Mod	ifier) Additional Proc	cedure Code (Modifier)	Start Date OR Admis	ssion Date [*] Diagnosis Code [*]	
(CPT/HCPCS)	(CPT/HCPCS)		(MMDDYYYY)	(ICD-10)	
Additional Procedure Code	Additional Proc	cedure Code	End Date OR Disch	arge Date Total Units/Visits/Days	
(CPT/HCPCS) (Mod	ifier) (CPT/HCPCS)	(Modifie	er) (MMDDYYYY)		
*OUTPATIENT SERV		(Enter th	e Service type number in t	he boxes)	
 712 Cochlear Implants & Surgery 299 Drug Testing 922 Experimental & Investigation 205 Genetic Testing & Counseling 249 Home health 290 Hyperbaric Oxygen Therapy 395 Infertility Diagnosis or Treatment 729 Neuropsychological Testing 410 Observation 141 Imaging 	794 Outp 171 Outp 171 Outp 202 Pain 3 650 Rac 201 Slea 212 The 212 The nent 790 Occ 101 Phy	patient Services Management diation Therapy ep Study erapy Evaluation cupational Therapy ysical Therapy eech Therapy	 993 Transplant Evaluation 209 Transplant Surgery 724 Transportation 422 Biopharmacy 428 Second Opinion 997 Office Visit/Consult 	DME (Orthotics and Prosthetics) 120 Purchase 417 Rental _(Purchase Price)	

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