



# Prior Authorization Request Form



## Instructions

Prior authorization is required for all services listed in the tables below. Please submit the request via the portal at <https://positivehealthcare.net/california/for-providers-portals/>. **Inpatient** requests/notifications may also be faxed to (888) 238-7463 and **outpatient** requests may be faxed to 1-888-272-7656. To confirm authorization status, check the portal or call Utilization Management at (800) 474-1434. Patient eligibility should be verified at time of service (see below for additional information).

Please note that routine visits with network specialists do not require prior authorization. Instead, for PHP members, please provide an order and for PHC members, please complete a Direct Referral Form. Please give order/form to the member to take to their appointment. **Orders/Direct Referral Forms do not need to be sent to the Plan.** Direct Referral Forms are located at:

**PHC California** <https://positivehealthcare.net/wp-content/uploads/2022/06/Direct-Referral-Authorization-Form-PHC.pdf>

**Eligibility Verification for PHP (HMO SNP) (Medicare Advantage Part D plan) & PHC California (Medi-Cal HMO plan)**

For eligibility verification, please utilize the portal at <https://positivehealthcare.net/california/for-providers-portals/> or call (800) 263-0067.

## Specialty Services Requiring Prior Authorization

### PHP (MEDICARE) SERVICES

- Chemotherapy, photo and radiation therapy, PET Scans
- Dialysis (in service area)
- Durable medical equipment (DME)
- EMG, nerve conduction studies
- Hearing aids
- Home health care, including skilled nursing, rehab, and home infusion
- Inpatient care (acute, subacute, SNF, and long-term)
- Interventional radiology & nuclear medicine
- Part B Drugs (Physician Office Administered), **excluding immunizations**
- PET scans
- Orthotics and prosthetics
- Out-of-Network Services
- Outpatient hospital services, surgery, and rehabilitation (incl. PT/OT/ST)
- Wound care

### PHC CALIFORNIA (MEDI-CAL) SERVICES

- Chemotherapy, photo and radiation therapy, OET Scans
- Community Supports/Enhanced Care Management (ECM)
- CAM therapies (acupuncture & chiropractic services)
- Dialysis (in service area)
- Durable medical equipment (DME)
- EMG, nerve conduction studies
- Hearing aids
- Home health care, including skilled nursing, rehab, and home infusion
- Hospice Care
- Imaging studies (**excluding preventative, x-ray and ultrasounds or single/flat view studies**)
- Inpatient care (acute, subacute, SNF(**PASRR required**), and long-term care)
- Interventional radiology & nuclear medicine
- Physician Office Administered Drugs, **excluding immunizations**
- Orthotics and prosthetics
- Out-of-Network Services
- Outpatient hospital services, surgery, and rehabilitation (incl. PT/OT/ST)
- Wound care

Date of Request: \_\_\_\_\_

Check if Urgent

### Patient Information

_____		Select Plan Option:	
Patient Name		<input type="checkbox"/> PHP (Medicare)	
_____	_____	<input type="checkbox"/> PHC California (Medi-Cal)	
Member ID Number	Birth Date		
_____	_____	_____	_____
Primary Care Provider Name	Contact	Phone	Fax

### Referring Provider Information

_____	_____	_____	_____
Primary Care Provider Name	Contact	Phone	Fax

### Indication for Referral

Diagnosis(es)/Code(s) \_\_\_\_\_

CPT Code(s) \_\_\_\_\_

List Patient's Clinical Condition, Lab Data, or Other Diagnostic Data \_\_\_\_\_

\_\_\_\_\_

Requested Consultation or Service \_\_\_\_\_

### Requested (Refer to) Provider Information

_____	_____	_____
Requested Provider/Facility Name	Phone	Fax

Standard authorization requests are processed within 14 days. **Valid** expedited requests are processed within 72 hours.