



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, please complete a Direct Referral Form and give to the member to take to their appointment. **Direct Referral Forms do not need to be sent to the Plan.** Direct Referral Forms are located at:

PHP <https://positivehealthcare.net/california/for-providers-publications/>

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
- 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
- Community Supports/Enhanced Care Management (ECM)
- 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 & nuclear medicine (**excluding preventative, x-ray and ultrasounds or single/flat view studies**)
- Inpatient care (acute, subacute, SNF(**PASRR required**), and long-term care)
- Interventional radiology
- PET scans
- Physician 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.