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 www.php-ca.org/for-providers/portal/. **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 California members, please complete a Direct Referral Form. Please give the 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: www.phc-ca.org/providers/pubs/

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 www.php-ca.org/for-providers/portal/ 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, sub-acute, SNF, and long-term)
- Interventional radiology & nuclear medicine
- Part B Drugs (Physician Office Administered), **excluding immunizations**
- Orthotics and prosthetics
- Out-of-Network Services
- Outpatient hospital services, surgery, and rehabilitation
- Special Supplemental Benefits - SSBCI (see provider manual for more info)
- Wound care

PHC CALIFORNIA (MEDI-CAL) SERVICES

- Chemotherapy, photo and radiation therapy, PET 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 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

Patient Name _____

Select Plan Option:
☐ PHP (Medicare)
☐ 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 7 calendar days. **Valid** expedited requests are processed within 72 hours.*