

CenCal Health Authorization Request (AR) Completion Requirements

Note: Bold Italic Field Requirements are the most common reasons for AR deferral through CenCal Health

- ***A RAF is required to be submitted with your AR for case managed members (exception, DME, if a prescription from the PCP is received that is specific to the recommendations of the AR)***
- ***RAF authorization dates must cover requested treatment dates of service***

- Box 2a – Provider Phone #
- Box 2b - Provider Name and Address
- ***Box 3 – NPI***
- Box 4 – Patient name, Address, Phone #
- Box 5 - Member ID#
- Box 7 – Age and Sex of the Member
- Box 8 - Date of Birth of the Member
- Box 8a - Patient Status - AKA Type of Residence
- ***Box 8b – Diagnosis description***
ICD-9-CM Diagnosis Codes are encouraged
- ***Box 8c – Medical Justification-Be Specific***
Please Note: When issuing an AR for continuing care, a statement of ‘continuing care’ is not enough information: Give original medical justification and reference previous AR#
- Box 10a – Specific Service and Authorization Dates Requested. (Indicate name of procedure/item and your requested services dates)
- ***Box 11 - Procedure/Drug Code***
- ***Box 12 - Quantity***
- ***Box 39a - Signature of Physician or Authorized Representative***