



## CPT/Procedure Code Inquiry

Date: \_\_\_\_\_ Requestor: \_\_\_\_\_

To: Authorizations Department Specialty: \_\_\_\_\_

Fax To: (831) 430-5850 Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Servicing Facility: \_\_\_\_\_

Please list the CPT code(s) that you want to verify.  
 The CPT code will be verified and noted below.  
 The form will be faxed back to you. **Please remember to include your return FAX number above.**

*It is not possible to verify if an auth is needed by just giving a narrative description; a CPT code is required.*

CPT Code	Narrative Description	Line of Business		Authorization Required	
		IHSS	MC	YES	NO
		<input type="checkbox"/>			
			<input type="checkbox"/>		

IHSS=In Home Support Services      MC=Medi-Cal

*Reviewer's Notes:* \_\_\_\_\_  
 Authorization is ALWAYS required when a procedure is planned to be done as an inpatient (unless member has Medicare A and B coverage).

If the member has Medicare A and B coverage, services should be billed to Medicare as the primary insurance. In this case, no TAR is required. Please be sure to check for other health care insurance coverage.

Please direct any questions to the Alliance Authorizations Department: (831) 430-5506