MOLINA HEALTHCARE

Molina Healthcare of Ohio
Hospital/Private Behavioral Health
Prior Authorization Provider Form
Phone Number: (855) 322-4079

Fax Numbers

Molina Medicaid/MyCare Ohio Opt-Out (including community Medicaid services): (866) 449-6843

Molina Medicare/MyCare Ohio Opt-In Inpatient (including community Medicaid services, partial hospitalization, ECT): (877) 708-2116

Molina Medicare/MyCare Ohio Opt-In Outpatient: (844) 251-1450

Molina Marketplace: (855) 502-5130

Member Information

Plan: ☐ Medicaid ☐ Medicare ☐ MyCare Ohio ☐Marketplace

Date of Request: _____ Admit Date: _____

Request Type: ☐ **Initial** ☐ **Concurrent**

Member Name: _____ DOB: _____

Legal Guardian Name: _____ Member Phone: _____

Member ID#: _____

Service Is: ☐ Elective/Routine ☐ Expedited/Urgent*

*Definition of Urgent/Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the member's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.

Provider Information

Treatment Provider/Facility/Clinic Name: _____

Address: _____

Provider NPI/Provider Tax ID# (number to be submitted with claim): _____

Attending Psychiatrist Name: _____

Admission/Referral Source: _____

UR Contact Name: _____

UR Phone#/Fax#: _____

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Facility Status: ☐PAR ☐Non-PAR
Member Court Ordered? ☐Yes ☐No ☐In Process Court Date: _____

Service Type Requested		
☐ **Inpatient Psychiatric Hospitalization** ☐Involuntary ☐Voluntary ☐ **Subacute Detoxification** ☐Involuntary ☐Voluntary If Involuntary, Court Date: _____	☐ Residential Treatment ☐ Partial Hospitalization Program ☐ Day Program ☐ Institution of Mental Diseases (IMD)	☐ Electroconvulsive Therapy (ECT) ☐ Psychological/ Neuropsychological Testing ☐ Applied Behavior Analysis ☐ Non-PAR Rationale for providing service out of network: _____ ☐ Other – Describe: _____

Procedure Code(s) and Description Requested: _____

Length of Stay Requested: _____

Dates of Service Requested: _____

Primary Diagnosis Code for Treatment (including Provisional Diagnosis)	
Additional Diagnoses (including any known Medical Diagnoses/ Conditions)	
Psychosocial Barriers (formerly Axis IV)	

For Molina Use Only:

Clinical Review - Initial and Concurrent

Functioning: Presenting/Current Symptoms that Necessitate Treatment (or Continued Treatment)
* Denotes Documentation of Safety Plan Completed under Additional Information

☐ *Suicidal ideations/plan/attempt
☐ *Homicidal ideations/ plan/attempt
☐ *History of Suicidal/ Homicidal actions
☐ Legal Issues
☐ Hallucinations/Delusions/ Paranoia

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****Medication Administration Document can be submitted in lieu of completing the below***

Medication Name	Dosage/ Frequency	New from Admit?	Date Current Dose Initiated	Compliant?	Lab/Plasma Level?
		☐New		☐Yes ☐No	
		☐New		☐Yes ☐No	
		☐New		☐Yes ☐No	
		☐New		☐Yes ☐No	
		☐New		☐Yes ☐No	

Additional Information (explanation of any checked symptoms or other pertinent information):
For Inpatient, RTC, and Partial Hospitalization/Day Treatment - Please submit current (within the last 48 hours) Medical Progress Notes for Clinical Review
For ECT, Psychological/Neuropsych Testing-Applied Behavior Analysis, and non-Par OP Requests – see page 3 for additional information required for review

Aftercare Plan/Follow-up Appointment

Expected Discharge Date: _____

Follow-Up Appointment Scheduled: ☐YES ☐NO
(Complete if member is in Inpatient Hospitalization)

****NOTE: First follow-up apt must be scheduled within 7 (seven) days of discharge.***

Provider Type	Provider Name	Telephone Number	Date of Appointment	Time of Appointment

Is treatment being coordinated with the Psychiatrist or Behavioral Health Practitioner? ☐ Yes ☐ No

If Yes, Name of Provider: _____ Last Contact Date with Provider: _____

If No, please explain: _____

NOTE: Level of Care coverage is subject to State Contract Specific Covered Services. Please refer to the Molina Healthcare of Ohio Provider Manual for a list of covered levels of care. Authorization of services does not guarantee payment. Payments for services are pending eligibility at the time of service and benefit coverage.