Molina Healthcare/Molina Medicare/Healthy Advantage Prior Authorization Request Form

Molina Healthcare/Molina Medicare

Phone: (888) 483-0760
Advance Imaging Fax: (877) 731-7218
Medical Authorizations Fax:
Medicaid/CHIP: (866) 472-0589
Medicare: (866) 504-7262

Healthy Advantage

Phone: (866) 472-9479
Advance Imaging Fax: (877) 731-7218
Medical Authorizations Fas: (866) 472-9481

Member Information

Plan: ☐ **Molina Medicaid/CHIP** ☐ **Molina Medicare** ☐ **Healthy Advantage**

Member's Name:__________________________________ DOB: ______/_______/_______

Member's ID#:____________________ Member Phone #: (___) ________________________

Service Is: ☐ Elective/Routine ☐ Expedited/Urgent **(See Definition if Selecting)**

Definition: If waiting the standard time frame for the decision could seriously jeopardize the life or health of the enrollee, or could jeopardize the enrollee's ability to regain maximum function.

If request is outside of this definition it should be submitted as Elective/Routine.

***Required Information to Process Request**

*Referral/Service Type Requested			
Inpatient	**Outpatient**	**Mental Health**	**Home Health**
☐ Surgical procedures	☐ Surgical Procedure	☐ Emergent Admission	☐ Skilled Services (SN/PT/OT/ST)
☐ ER Admits	☐ PT, OT, & ST	☐ Planned Inpatient	☐ Custodial/Supportive (HHA)
☐ SNF	☐ Imaging	☐ PHP	☐ Home Infusion
☐ Rehab	☐ Chiropractic	☐ IOP	**DME**
☐ LTAC	☐ Wound Care	☐ Chemical Dependency	☐ Wheel Chair - Purchase/Repair
	☐ Infusion Therapy	☐ Office Visits	☐ Enteral Formula/Supplies
			☐ Prosthetic/Orthotic
			☐ **Office Procedure/Visit**

Procedure Information	
***ICD-9 Code & Description:**	
***CPT/HCPC Code & Description:**	
***Number of visits requested:**	***DOS:**

Ordering/Referring Physician Information		
***Name:**		**Contact Name:**
Address:		
***TIN/NPI:**	***Phone #:**	***Fax #:**

Rendering Facility/Provider Information		
***Name:**		
Address:		
***TIN/NPI:**	***Phone #:**	***Fax #:**

* **Clinical notes and supporting documentation is required to review for medical necessity***

For Molina Use Only: