COVID-19 ODM Emergency Order: Post-Claims Retrospective Review

(Form required when submitting requested clinical documentation for claims paid without prior authorization in the COVID-19 Emergency time period.)

Instructions

1. Please fill out ONE form per claim.
    - Include Claim ID # and member/provider information associated with that claim.

2. Include a complete clinical record of documentation to support the medical necessity of services associated with the claim. This should include, but not be limited to:
    - Progress Notes (Nursing and Physician)
    - Labs
    - Discharge Disposition
    - History and Physical
    - Nursing and Medical Assessments

3. Fax ONE claim form and associated clinical documentation at a time.

4. Fax this Form and the associated Clinical Documentation to:

COVID-19 Retro Fax: (833) 454-0640

5. Please Note: This form and the associated fax # are ONLY to be used in the COVID-19 Retrospective Review process.
    - If fax # is used for other purposes, or if COVID-19 Retro documents are faxed to a different number than the one on this form, they will not be processed.

Number of faxed pages (including cover sheet): _____

Claim ID #: _____

Member Information	
Member Name:	**Dates of Service:**
Member ID:	**Service Performed:**
Date of Birth (DOB):	

Provider Information	
Provider Name:	**Phone Number:**
Facility Name:	**Fax Number:**
Contact Name:	**Disc Password (if applicable):**

This form is available online at www.MolinaHealthcare.com/OhioProviders.