



**Molina® Healthcare, Inc. – BH Prior Authorization Service Request Form**  
**FAX (866) 423-3889 PHONE (855) 237-6178**

**MEMBER INFORMATION**

Line of Business:  Medicaid  Marketplace  Medicare Date of Request:

State/Health Plan (i.e. CA):

Member Name: DOB (MM/DD/YYYY):

Member ID#: Member Phone:

Service Type:  Non-Urgent/Routine/Elective  
 Urgent/Expedited – Clinical Reason for Urgency Required: \_\_\_\_\_  
 Emergent Inpatient Admission

**TREATMENT HISTORY**

BH Provider	Provider Name	Telephone Number	Agency	Last Appointment
Therapist/Program:		( ) -		/ /
Psychiatrist:		( ) -		/ /

**REFERRAL/SERVICE TYPE REQUESTED**

Request Type:  Initial Request  Extension/ Renewal / Amendment Previous Auth#:

**Inpatient Services:**

- Inpatient Psychiatric
  - Involuntary  Voluntary
- Inpatient Detoxification
  - Involuntary  Voluntary

If Involuntary, Court Date: \_\_\_\_\_

**Outpatient Services:**

- Residential Treatment
- Partial Hospitalization Program
- Intensive Outpatient Program
- Day Treatment
- Assertive Community Treatment Program
- Targeted Case Management
- Electroconvulsive Therapy
- Psychological/Neuropsychological Testing
- Applied Behavioral Analysis
- Non-PAR Outpatient Services
- Other: \_\_\_\_\_

**PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION**

Primary ICD-10 Code for Treatment: Description:

DATES OF SERVICE START	STOP	PROCEDURE/ SERVICE CODES	DIAGNOSIS CODE	REQUESTED SERVICE	REQUESTED UNITS/VISITS

**PROVIDER INFORMATION**

**REQUESTING PROVIDER / FACILITY:**

Provider Name:		NPI#:	TIN#:
Phone:	FAX:	Email:	
Address:		City:	State: Zip:
PCP Name:		PCP Phone:	
Office Contact Name:		Office Contact Phone:	

**SERVICING PROVIDER / FACILITY:**

Provider/Facility Name (Required):			
NPI#:	TIN#:	Medicaid ID# (If Non-Par):	<input type="checkbox"/> Non-Par <input type="checkbox"/> COC
Phone:	FAX:	Email:	
Address:		City:	State: Zip:

**For Molina Use Only:**

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, evidence of medical necessity and other applicable standards during the claim review.