

**PROVIDER RECONSIDERATION REQUESTS FOR SAME DAY SERVICE
DENIALS**

- When submitting a Provider Reconsideration Review Request (PRR) for the denial of individual and/or family services provided on the same day please include supporting documents/records for *both* services provided on the same day.

Please Note: The records for *both* services provided on the same day need to be reviewed at the same time to ensure appropriate reimbursement for *both* services rendered.

- PRR Form and Instructions can be found in the 2015 Molina Healthcare Provider Manual at www.molinahealthcare.com
 - A PRR Form is required for each claim;
 - This form must be completely filled out, or it will be returned;
 - Attach a legible copy of the claim and remittance advice;
 - Please be sure to submit the claim numbers on the PRR form to ensure the correct dates of service are being reviewed.
 - Upon receipt of this form and additional necessary information, the request will be reviewed and sent for processing if appropriate;
 - If the request is declined, a letter will be sent with the denial reason;
 - If you disagree with the PRR denial, you will have ninety (90) days from the date of the denial letter to appeal; and
 - Mail the PRR Form (faxes will not be accepted) and the necessary attachments to:

Molina Healthcare of New Mexico, Inc.

Attention: Provider Services

P.O. Box 3887

Albuquerque, NM 87190-9859

If you have any questions or need additional copies of the PRR Form, please contact your Provider Service Representative toll free at (800) 377-9594.