



**Molina Healthcare Medicaid and Medicare of New Mexico  
Prior Authorization/Pre-Service Review Guide  
Effective: 01/01/2015**

**Molina Healthcare Medicaid and Medicare Prior Authorization Request Form**

Medicaid: (877) 262-0187 Toll Free Fax: (888) 802-5711  
Medicare: Local Fax: (505) 924-8258 Toll Free Fax: (855) 278-0310

MEMBER INFORMATION			
<b>Plan:</b>	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Other:
<b>Member Name:</b>		<b>DOB:</b>	/ /
<b>Member ID#:</b>		<b>Phone:</b>	( ) -
<b>Service Type:</b>	<input type="checkbox"/> Elective/Routine		<input type="checkbox"/> 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 enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.**

Referral/Service Type Requested	
<b>Inpatient</b> <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	<b>Outpatient</b> <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Wound Care <input type="checkbox"/> Other: <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office
Diagnosis Code & Description:	
CPT/HCPC Code & Description:	
Number of visits requested:	Date(s) of Service:

**Please send clinical notes and any supporting documentation**

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	( )	Fax Number:	( )

<b>For Molina Use Only:</b>