

Molina Healthcare Medicaid, CHIP, & Medicare MMP Dual Options Prior Authorization Request Form

Fax Number: Utilization Management: [Medicaid/CHIP/Nursing Facility: (866) 420-3639; MMP/Medicare: (844) 251-1450
Pharmacy: Medicaid/CHIP (888) 487-9251; MMP/Medicare: (866) 290-1309]

MEMBER INFORMATION			
Date of Request:			
Plan:	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Other:
Member Name:			DOB: / /
Member ID#:			Phone: () -
Service Type:	<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			
Inpatient <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Pain Management <input type="checkbox"/> Other:	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Wheelchair <input type="checkbox"/> In Office	
Diagnosis Code & Description:			
CPT/HCPC Code & Description:		For "J Codes", include # of mgs:	
Number of visits requested:		Date(s) of Service:	

Please send clinical notes and any supporting documentation

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

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 on the date of service (for Molina Marketplace members, this includes grace period status), benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement. For additional information on a member's grace period status, please contact Molina Healthcare.