



Molina Healthcare

Prior Authorization/Pre-Service Request Form

Phone Number: 1-855-322-4076

Fax Number: (MMA/LTC/MP) 1-866-440-9791 Fax Number: (MCR) 1-866-472-9509

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Medicaid (MMA) <input type="checkbox"/> Medicare (MCR)	<input type="checkbox"/> Long-Term Care <input type="checkbox"/> Marketplace (MP)	
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> Expedited/Urgent*	

***Definition of Expedited/Urgent 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"/> Admissions <input type="checkbox"/> SNF <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Pain Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office
Diagnosis Code & Description:			
CPT/HCPC/J Code & Description*:			
Strength/Dosage & Frequency for above J-Codes**			
Number of visits requested:		DOS From: / / to / /	

Please send clinical notes and any supporting documentation.

***All labs should be sent to a Participating Laboratory**

****If multiple CPT or J-Codes, please submit this form along with a separate attachment.**

PROVIDER INFORMATION				
Requesting Provider Name:		NPI#:		TIN#:
Servicing Provider or Facility:		NPI#:		TIN#:
Contact at Requesting Provider's office:				
Phone Number:	() -	Fax Number:	() -	
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.