

Passport by Molina Healthcare Medical inpatient request form

Member Name		Member ID		Member DOB	
Admission Date:			_Scheduled □	Emergent / Urgent 🗆	
Requesting phy	sician / P	rovider			
Rendering Prov	ider Name	.	Tax ID		
Phone			Fax		
MD Name					
MD Phone					
MD Fax					
Has member be	en discho	ırged? YES □ NO □ I	lf yes, Discharge	e Date:	
Discharge Disp	osition (C	heck One)			
Home		Hor	me Health		
Rehab		Exp	oired		
LTACH		Otl	her		
Anticipated Dis	scharge N	eeds			
Home Health					
Therapy				Does the member require	
DME			C	ase Management Referral or	
Other - Specify				Intervention?	
				☐ YES ☐ NO	
	P	lease provide discharge p	olan with docum	nentation	
		iodoo provido diconargo p			
		Clinical Information a	nd Clinical Sum	mary	
Diagnosis					
ICD10			Description		

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.



Procedures	11	ann	lıca	h	
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CPT	Description
Presenting Signs and Syr	mptoms

Radiologic Studies: (Include dates and results)

Study	Date	Result

Abnormal Labs:

Lab	Date	Result

Clinical information and supportive documentation should consist of current physician order, relevant notes supporting the request and recent diagnostics/consultations. To determine Medical Necessity, in conjunction with independent professional medical judgment, Passport uses nationally recognized evidence-based guidelines (MCG), third party guidelines, CMS guidelines, state/commonwealth guidelines, guidelines from recognized professional societies, and advice from authoritative review articles and textbooks.

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