Molina® Healthcare, Inc. – Prior Authorization Request Form

Providers may utilize Molina' s Provider Portal:

- **Claims Submission and Status**
- **Authorization Submission and Status**
- **Member Eligibility**

MEMBER INFORMATION

Line of Business:	☐ **Duals**	☐ **Medicare**	☐**CA EAE (Medicaid)**	Date of Medicare Request:
State/Health Plan (i.e. CA):				

Member Name:		**DOB (MM/DD/YYYY)**	
Member ID#:		**Member Phone:**	

Service Type:	☐ Non-Urgent/Routine/Elective ☐ Other (Please Specify): ☐ Inpatient ER Admission (Concurrent) ☐ EPSDT/Special Services ☐ CA IPA request: Medicare Denial, requires Medicaid/LTC Review	☐ Time Sensitive (Rationale):

REFERRAL/SERVICE TYPE REQUESTED

Request Type:	☐ **Initial Request**	☐ **Extension/Renewal/Amendment**	☐ **Previous Auth #**

Inpatient Services:

☐Inpatient Hospital
☐Inpatient Transplant
☐Inpatient Hospice
☐Long Term Acute (LTAC)
☐Acute Inpatient Rehabilitation (AIR)
☐Skilled Nursing (SNF)
☐Other Inpatient: _____

Outpatient Services:

☐Chiropractic	☐Office Procedures	☐Pharmacy
☐Dialysis	☐Infusion Therapy	☐Physical Therapy
☐DME	☐Laboratory Services	☐Radiation Therapy
☐Genetic Testing	☐LTSS Services	☐Speech Therapy
☐Home Health	☐Occupational Therapy	☐Transplant/Gene Therapy
☐Hospice	☐Outpatient Surgical/Procedures	☐Transportation
☐Hyperbaric Therapy	☐Pain Management	☐Wound Care
☐Imaging/Special Tests	☐Palliative Care	☐ Other:

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code: **Description:**

DATES OF SERVICE Start	Stop	PROCEDURE/SERVICES CODES	DIAGNOSIS CODE	REQUESTED SERVICE	REQUESTED UNITS/VISITS

PROVIDER INFORMATION

Requesting/Referring Provider/Facility:

Provider Name:		**NPI#:**		**TIN#:**
Phone:	**Fax:**		**Email:**	
Address:	**City:**	**State:**		**Zip:**
PCP Name:		**PCP Phone:**		
Office Contact Name:		**Office Contact Phone:**		

Servicing/Billing Provider/Facility:

Provider/Facility Name (Required):

NPI#	**TIN#**	**Medicaid ID# (If Non-Par):**	☐ **Non-Par**	☐ **COC**
Phone:	**Fax:**		**Email:**	
Address:	**City:**	**State:**		**Zip:**

For Molina Use Only: