



**Molina Healthcare/Molina Medicare of Washington**  
**Prior Authorization/Pre-Service Review Guide**  
 Effective: 04/01/2012

**Molina Healthcare/Molina Medicare Prior Authorization Request Form**

Phone Number: (800) 869-7185  
 Fax Number: (800) 767-7188

**Member Information**

Plan:  Molina Medicaid  Molina Medicare  Other \_\_\_\_\_

Member's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member's ID#: \_\_\_\_\_ Member Phone #: (\_\_\_\_) \_\_\_\_\_

Service Is:  Elective/Routine  Expedited/Urgent\*

\*Definition of Urgent / Expedited service request designation is when the delay of treatment could jeopardize the life or health of the patient, jeopardize the patient's ability to regain maximum function or subject the patient to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

Requests outside of the definition should be submitted as Elective/Routine.

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"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Chiropractic <input type="checkbox"/> Wound Care <input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office

ICD-9 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: \_\_\_\_\_

Address: \_\_\_\_\_

Facility Providing Service: \_\_\_\_\_

Address: \_\_\_\_\_

Contact @ Requesting Provider's: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**For Molina Use Only:**