PRIOR APPROVAL REQUEST

Medical Assistance Division
PO Box 2348 Santa Fe, NM 87504-2348

Send PA Requests to: **Molina Healthcare of New Mexico, TPA** PO Box 3909 Albuquerque, NM 87190 1-866-916-3250	Physical Therapy Occupational Therapy Speech Therapy Durable Medical Equipment	Nutritional Supplements Psychiatry and Psychology Prosthetics and Orthotics Hearing Aid Services Vision Services

RECIPIENT'S Name - Last	First	MI	MEDICAID ID Number	Birth Date	Sex ☐M ☐F

RECIPIENT'S Address - Street/PO Box/R. Rt.	City	State	Zip Code	If in Care Facility, give name

Provider, Pharmacy, etc., Name, Address, Zip Code

Ordering Physician's Name, Address, Zip Code

PROVIDER PHONE NO	NPI	TAXONOMY
ORDERING PHYSICIAN PHONE NO	NPI	TAXONOMY

REQUEST for TREATMENT, EQUIPMENT or SERVICE - (Specify frequency and duration)

☐ **RENTAL** Duration_ _ _ _ _ _ _ _ _ ☐ Purchase Date of Verbal Approval _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Procedure Code:	Description:
Procedure Code:	Description:
Procedure Code:	Description:

Other:

DIAGNOSIS, HISTORY and MEDICAL JUSTIFICATION for REQUEST - (If applicable attach a separate sheet or copy of office record)

DIAGNOSIS CODE (Coding required for psychological/psychiatric services)

CLINICAL INFORMATION:

Signature (Speech, Occupational, Therapy)	Date Signed	PHYSICIAN'S or Other Practitioner's Signature	Date Signed

REVIEWING AGENCY USE ONLY

Date Reviewed	☐ Approved ☐ Denied	Reviewer	Service Authorized From	To	Authorization Number

1. This authorization must be attached when filing claim OR authorization number is to be inserted in the appropriate block on the claim form.
2. This authorization is subject to the eligibility of the patient at the time the service is rendered. Verify the patient's eligibility by checking the monthly ID card before rendering service. The patient's eligibility may terminate without notification to the provider. Transfer of the patient to a nursing home or other institution may change the benefits available to the patient. The provider must verify the status of the approval when such a transfer occurs.
3. Payment is contingent on payment levels in effect on the date of service. Approval does not guarantee payment levels that may be quoted as part of the approval request.
4. Monthly rental charges shall not exceed 10% of purchase price. All rental payments must be applied toward purchase.
5. Services and supplies must be initiated within 60 days of date reviewed or authorized; tangible items must be supplied within 60 days of authorization date.
6. Authorized services and goods must be provided only within approved dates and not to exceed 1 year from date of date reviewed.

Date Received

AGENCY USE ONLY