# Molina Healthcare
## J-Code Prior Authorization Request Form
**Phone Number: 1 (855) 322-4076**
**Fax Number: 1 (866) 236-8531**

| MEMBER INFORMATION | | | |
|---|---|---|---|
| **Member Name:** | | **DOB:** | / / |
| **Member ID#:** | | **Phone:** | ( ) - |
| **Service Type:** | Elective/Routine | 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.*

***\*\*\*This form is intended for OUTPATIENT requests.***
**Inpatient requests or 23-hour Observation Infusion Therapy or Medications that are used for Testing/Diagnostic/Stimulation Tests/Operational Procedures should be submitted to the Utilization Management Department via Pre-Service Request Form.**

| REFERRAL/SERVICE TYPE REQUESTED | |
|---|---|
| **Diagnosis Code & Description:** | |
| **J-Code(s) requested: J-code, Medication name/ Dosage & Frequency** | |
| **Number of visits requested:** | DOS From: / / to / / |

### Please send clinical notes and any supporting documentation.

**\*All labs must be sent to a Participating Laboratory**
**\*\*If multiple 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: | ( ) - | |