



**Molina Healthcare of Washington  
 Medicaid Pediatric Long-Term Care  
 Prior Authorization Request Form**  
 Phone Number: (800) 869-7175  
 Fax Number: (800) 767-7188

MEMBER INFORMATION			
<b>Plan:</b>	<input type="checkbox"/> Molina Medicaid (If Molina is secondary, please include a copy of the denial from primary insurance)		
<b>Member Name:</b>		<b>DOB:</b>	/ /
<b>Member ID#:</b>		<b>Phone:</b>	( ) -
REFERRAL/SERVICE TYPE REQUESTED			
<b>Request Type:</b>	<input type="checkbox"/> New Admission (HCPCS Code T1030 Pediatric Long-Term Care)		
	<input type="checkbox"/> Continued Stay Review – Authorization #		
<b>90 DOS SPAN ONLY</b> For continuation requests, the start date is always the day after the last authorization ends		DOS from:	/ /
		to	/ /
PROVIDER INFORMATION			
Requesting Provider Name:		NPI#:	TIN#:
Servicing Provider or Facility:		NPI#:	TIN#:
Contact at Requesting Provider's Office:			
Phone Number:	( ) -	Fax Number:	( ) -
CLINICAL DOCUMENTATION TO SUPPORT NEED FOR PEDIATRIC LONG-TERM CARE FACILITIES			
<b>Signed and dated physician order for 24-hour Skilled Nursing Care</b>	<input type="checkbox"/> Submitted		
<b>Current plan of care/physician's orders</b>	<input type="checkbox"/> Submitted	<input type="checkbox"/> Not Submitted	
<b>Week of recent nurse's notes</b>	<input type="checkbox"/> Submitted	<input type="checkbox"/> Not Submitted	
<b>Appointment notes/physician visit summaries</b>	<input type="checkbox"/> Submitted	<input type="checkbox"/> Not Submitted	
<b>Medical changes/discharge planning notes</b>	<input type="checkbox"/> Submitted	<input type="checkbox"/> Not Submitted	
<b>90 day summary/including changes</b>	<input type="checkbox"/> Submitted	<input type="checkbox"/> Not Submitted	