

## New Mexico Medicaid Managed Care Prior Authorization Request Form

Request Date: \_\_\_\_\_

BCBS
  Molina
  Presbyterian
  United Healthcare

Prior Authorization FAX: (505) 843-3047  
 Inpatient Admission FAX: (505) 843-3107

Long Term Care FAX: (505) 843-3195  
 UNM FAX: (505) 843-3108

Phone: (505) 923-5757, option 4

Routine  
 **Urgent or Expedited Initial Determination**

For a Prior Authorization request to be considered "Urgent" or "Expedited," the request must include a provider's order stating that waiting for a decision under a standard timeframe could endanger the member's life, health, or ability to regain maximum functionality or would cause serious pain. Provider's signature below is an attestation that this request meets expedited/urgent criteria listed here.

Practitioner Signature: \_\_\_\_\_ (Required for Urgent or Expedited requests)

**Member Information: Complete the information below and attach all of the clinical information pertinent to the request.**

Member Name:	ID Number:	DOB:
Other Carrier:	Policy/ID #:	Phone No.

**Provider Information**

Requesting Provider:	Phone:	Fax:
Servicing Provider/Facility:	Phone:	Fax:
Servicing Provider/Facility Address:		
Tax ID/NPI #:		

New/Initial Request
  Ongoing Care
 Previous Authorization Number: \_\_\_\_\_  
 DME/Prosthetic/Orthotic
  Ambulatory/Outpatient Surgery
  Office
  Home Birth  
 Out-of-Plan Services
  Inpatient LOS: \_\_\_\_\_ Facility: \_\_\_\_\_  
 PT/OT/ST
  Practitioner's Order Attached
  Clinical Information Attached
  Other: \_\_\_\_\_

Diagnosis(es) (ICD-9) (Required): \_\_\_\_\_

Procedure (Must match CPT code/s): \_\_\_\_\_

Procedure(s) (CPT/HCPC) (Required): \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Number of Visits/Units: \_\_\_\_\_

Please attach all supporting clinical information to include symptoms, past medical history, diagnostic testing, conservative treatment prior to request.

**Services requested. Submit all relevant clinical data to support the request for services. Failure to provide supporting documentation will delay processing and may result in a denial.**

For Health Plan Use ONLY: (this would be to communicate authorization information)