

## New Mexico Medicaid Managed Care Prior Authorization Request Form

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

☒ BCBS

☐ Molina

☐ Presbyterian

☐ United Healthcare

FAX: (505) 816-3854

Phone: (877) 232-5518

☐ 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)