PASSPORT
BY MOLINA HEALTHCARE

Authorization for outpatient therapy is not required until the 21st visit.
Members are allowed 20 visits per therapy per calendar year without an authorization.

Passport by Molina Healthcare
Outpatient Therapy Request Form

Member Name _____ **Member ID** _____ **Member DOB** _____

Rendering Provider Name _____ **Tax ID** _____

Phone _____ **Fax** _____

Ordering Provider Name _____ **Tax ID** _____

Phone _____ **Fax** _____

Services Requested

Service Type	Service Code(s)	Start Date	End Date	Frequency	Goal of Care
Physical Therapy				<#> time a week for <#> of weeks	
Occupational Therapy				<#> time a week for <#> of weeks	
Speech Therapy				<#> time a week for <#> of weeks	
Other <specify>				<#> time a week for <#> of weeks	

Prior Visits:

Therapy Type	To	From	Total Number of Visits

Evaluations

Date of original evaluation	
Date of re-evaluation	

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, evidence of medical necessity and other applicable standards during the claim review.

Diagnoses

    a. Primary: _____

    b. Secondary: _____

Date of onset of symptoms: _____

Requesting physician/Provider

Name _____ Phone _____ Fax: _____

Next Physician/Provider re-evaluation appointment:

Clinical information and supportive documentation should consist of current physician order, relevant notes supporting the request and recent diagnostics. **See below for guide.** *To determine Medical Necessity, in conjunction with independent professional medical judgment, Passport uses nationally recognized evidence-based guidelines (MCG), third party guidelines, CMS guidelines, state/commonwealth guidelines, guidelines from recognized professional societies, and advice from authoritative review articles and textbooks.*

- **PHYSICAL EXAM FINDINGS:** include objective functional assessment, neurological deficits noted, degree of disability, responses to previous treatment, and progression of condition

- **RADIOLOGIC STUDIES:** include dates and results

- **SHORT TERM GOALS: LONG TERM GOALS and % of goal completion**

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