



Authorization Reconsideration Request Form

(Form required when submitting an authorization reconsideration request)

Number of faxed pages (including cover sheet): ____

Authorization Reconsideration

- A second review of a denied authorization within 30 days of the date of the denial/non-approval authorization (Pre/Post claim); excludes NICU providers and New Century Health
- Changes in coding (Pre/Post Claim)
- Add on procedures (Pre/Post Claim)
- Extenuating Circumstances Post Claim (as defined in the provider manual)

Pre-Claim Reconsideration

Please fax this completed form and any supporting documentation to:

- Medicare/MyCare Opt-In Inpatient: (844) 834-2152
- Medicare Outpatient: (844) 251-1450
- MyCare Opt-In Outpatient*: (844) 251-1451
*Excludes Home Health
- MyCare Opt-In*: (877) 708-2116
*Home Health & Hospice Room and Board T2046 Only
- Transplant*: (866) 449-6843
*All lines of business
- Medicaid/MyCare Opt-Out: (866) 449-6843
- Marketplace: (833) 322-1061
- Imaging and Special Tests*: (877) 731-7218
*All lines of business
- Radiation Therapy
 - Medicaid & Marketplace: (877) 731-7218
 - Medicare: (844) 251-1450
 - MyCare Opt-In: (844) 251-1451

Authorization ID: _____

Post-Claim Reconsideration

Please upload this completed form and any supporting documentation through the:

[Provider Portal Appeal Process](#) OR

Post-Claim Fax: (800) 499-3406

Medicare Non-Par Fax: (562) 499-0610

Authorization ID: _____ Claim ID: _____

Member Information	
Member Name:	Date of Denial/Non-approval:
Member ID:	Service Requested:
Date of Birth (DOB):	

Provider Information	
Provider Name:	Phone Number:
Facility Name:	Fax Number:
Contact Name:	Disc Password (if applicable):

Please send clinical notes and any supporting documentation. Please refer to your denial rationale for specific information required.

- Related diagnostic testing
- Treatments tried, and the effect and outcome
- Assessment and/or evaluation notes
- For Home Health, service notes and OASIS Form/485

This form is not intended to be used for claims disputes such as administrative denials and coding edits. This form is available online at www.MolinaHealthcare.com/OhioProviders.