

MOLINA HEALTHCARE

MEDICAID PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE

EFFECTIVE: 05/01/2017

**REFER TO MOLINA'S PROVIDER WEBSITE OR PORTAL FOR SPECIFIC CODES THAT REQUIRE AUTHORIZATION
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT**

OFFICE VISITS TO CONTRACTED/PARTICIPATING (PAR) PROVIDERS & REFERRALS TO NETWORK SPECIALISTS DO NOT REQUIRE PRIOR AUTHORIZATION

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
 - Inpatient, Residential Treatment,
 - Treatment Foster Care
 - Group home
 - Electroconvulsive Therapy (ECT);
 - Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD).
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting).**
- **Durable Medical Equipment:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Experimental/Investigational Procedures.**
- **Genetic Counseling and Testing** except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations.
- **Home Healthcare and Home Infusion (Including Home PT, OT or ST):** After initial evaluation plus six (6) visits per calendar year.
- **Hyperbaric Therapy.**
- **Imaging, Advanced and Specialty Imaging:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Inpatient Admissions:** Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.
- **Long Term Services and Supports:** Refer to Molina's Provider website or portal for specific codes that require authorization. **(per State benefit)**
- **Non-Par Providers/Facilities:** Office visits, procedures, labs, diagnostic studies, inpatient stays except for:
 - Emergency Department Services;
 - Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or inpatient stay;
 - Local Health Department (LHD) services;
 - Other services based on State Requirements.
- **Occupational Therapy:** After initial evaluation plus Twelve (12) visits per calendar year for office, and outpatient settings.
- **Office-Based Procedures do not require authorization, unless specifically included in another category (i.e. advanced imaging) that requires authorization even when performed in a participating provider's office.**
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:** Refer to Molina's Provider website or portal for specific codes that require authorization.
 - Site of Service Authorizations – Some procedures require authorization when performed in an outpatient hospital setting rather than an Ambulatory Surgery Center. Refer to Molina's Provider website or portal for specific codes requiring authorization based on Site of Service
- **Pain Management Procedures:** except trigger point injections.
- **Physical Therapy:** After initial evaluation plus twelve (12) visits per calendar year for office and outpatient settings.
- **Prosthetics/Orthotics:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Radiation Therapy and Radiosurgery (for selected services only):** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Sleep Studies:** (Except Home sleep studies).
- **Specialty Pharmacy drugs:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Speech Therapy:** After initial evaluation plus six (6) visits for office, outpatient and home settings.
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization);
- **Transportation:** non-emergent Air Transport;
- **Unlisted & Miscellaneous Codes:** Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.

STERILIZATION NOTE: Federal guidelines require that at least 30 days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed. The consent form must be submitted with claim.

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID PROVIDERS

Information generally required to support authorization decision making includes:

- Current (up to 6 months), adequate patient history related to the requested services.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT Lab or X-ray report/results)
- Relevant specialty consultation notes.
- Any other information or data specific to the request.

The Urgent / Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member’s health or could jeopardize the enrollee’s ability to regain maximum function. Requests outside of this definition will be handled as routine / non-urgent.

- If a request for services is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process. Denials also are communicated to the provider by telephone, fax or electronic notification. Verbal, fax, or electronic denials are given within one business day of making the denial decision or sooner if required by the member’s condition.
- Providers and members can request a copy of the criteria used to review requests for medical services. Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician at 1 (505) 348-0284

Important Molina Healthcare Medicaid Contact Information

Prior Authorizations:

8:00 a.m. – 5:00 p.m. Local Time
Phone 1 (877) 262-0187 Fax: 1 (888) 802-5711

Member Customer Service Benefits/Eligibility:

Phone: 1 (800)580-2811 Fax: 1 (505) 342-0595
TTY/TDD: 1 (800)346-4128

Behavioral Health Authorizations:

Phone: 1 (855) 315-5677
Fax: 1 (505) 924-8237 or 1 (888) 295-5494
Secured email BHRequests@Molinahealthcare.com

NICU Authorizations:

Phone: 1 (855) 714-2415 Fax: 1 (877) 731-7220

Pharmacy Authorizations:

Phone: 1 (800) 377-9594 ext. 186336

Radiology Authorizations:

Phone: 1 (855) 714-2415 Fax: 1 (877) 731-7218

Transplant Authorizations:

Phone: 1 (855) 714-2415 Fax: 1 (877) 813-1206

Provider Customer Service:

8:00 a.m. – 5:00 p.m. Local Time
Phone: 1 (888) 825-9266

24 Hour Nurse Advice Line

English: 1 (888) 275-8750 [TTY: 1 (866) 735-2929]
Spanish: 1 (866) 648-3537 [TTY: 1 (866) 833-4703]

Dental: Scion

Phone: 1 (800) 580-2811

Transportation:

Phone: 1 (888) 593-2052

Vision Care: March Vision

Phone: 1 (888) 493-4070 [TTY: 1 (877) 627-2480]

Providers may utilize Molina Healthcare’s Website at:

<https://provider.molinahealthcare.com/Provider/Login>

Available features include:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Authorization submission and status • Member Eligibility • Provider Directory | <ul style="list-style-type: none"> • Claims submission and status • Download Frequently used forms • Nurse Advice Line Report |
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Molina Healthcare Medicaid Prior Authorization Request Form [Refer to Contact/FAX Numbers Above]

MEMBER INFORMATION

Plan: Molina Medicaid Molina Marketplace

Member Name: _____ DOB: _____ / _____ / _____

Member ID#: _____ Phone: (_____) _____ - _____

Service Type: Elective/Routine Expedited/Urgent¹

**¹Definition of Expedited/Urgent service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function.
Requests outside of this definition should be submitted as routine/non-urgent.**

REFERRAL/SERVICE TYPE REQUESTED

Inpatient

- Surgical procedures
- Admissions
- SNF
- LTAC

Outpatient

- Surgical Procedure OT PT ST
- Diagnostic Procedure Hyperbaric Therapy
- Infusion Therapy Pain Management
- Other: _____

- Home Health
- DME
- Wheelchair
- In Office

Diagnosis Code & Description: _____

CPT/HCPC Code & Description: _____

Number of visits requested: _____ DOS From: _____ / _____ / _____ to _____ / _____ / _____

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION

Requesting Provider Name: _____ NPI#: _____ TIN#: _____

Servicing Provider or Facility: _____ NPI#: _____ TIN#: _____

Contact at Requesting Provider's office: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

For Molina Use Only:

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service (for Molina Marketplace members, this includes grace period status), benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement. For additional information on a member's grace period status, please contact Molina Healthcare.