

If you are contracted with Molina through an IPA/Medical Group please refer to your IPA/Medical Group's Prior Authorization requirements.

Requests for prior authorizations to the UM Department may be sent by telephone, fax or ePortal Web based on the urgency of the requested service.

The Urgent service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health. Requests outside of this definition will be handled as non-urgent.

<p>Molina UM PA Department:</p> <ul style="list-style-type: none"> • Telephone: (800) 526-8196, extension 126400 • Fax: (800) 811-4804 <p>Mail: Molina Healthcare of CA Attention: Authorizations 200 Oceangate, Suite100 Long Beach, CA 90802-4317</p>	<p>Behavioral Health (Healthy Family & AIM):</p> <ul style="list-style-type: none"> • Healthy Families: Comp Care (800) 818-7235 Fax: (877) 436-3604 • San Diego AIM & Healthy Families: Behavioral Health Associates (619)528-4600 Fax: (619) 528-4625 <p>Please Note: Medi-Cal is carved out to the County Behavioral Health Providers and is not PA through Molina.</p>
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All member cases with a potential CCS diagnosis must be referred to CCS paneled practitioners and/or facilities. Referrals to non-CCS paneled providers may result in delays in claim payment.

All Service Requests must include the following information:

<ul style="list-style-type: none"> ✓ Member demographic information (name, DOB, ID # etc.) ✓ Provider information (Referring Physician and Referred to Specialist) ✓ Requested service/procedure (including specific CPT/HCPCS Codes and/or clear alpha description) 	<ul style="list-style-type: none"> ✓ Member diagnosis (ICD-9 Code and description) ✓ Pertinent medical history (incl. treatment, diagnostic tests, examination data) ✓ Location where the service will be performed ✓ Requested length of stay (for inpatient requests)
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All Referrals / Service Requests to any Non-Contracted Provider – MUST be prior authorized.

*****Direct Referrals and Follow-Up Consultations to Contracted Specialist for All Ages Do Not Require PA*****

Services Requiring Prior Authorization

<ul style="list-style-type: none"> • All Inpatient Admissions <ul style="list-style-type: none"> ◦ Acute Care, Acute Rehabilitation, Mental Health, Alcohol & Chemical Dependency Treatment / Detox, Skilled Nursing Facility, Hospice • All Facility Based Outpatient Surgery (Hospital or Free Standing Surgical Centers only) (PA is not required for: All Endoscopies & GI procedures with/without biopsies performed.) • Bariatric Surgery Referral and Surgery • Bone Density Studies & Bone Scans for women 18 to 49.99 years of age • Cardiac and Pulmonary Outpatient Rehabilitation • Chiropractic Services (Benefit only for Yolo, Sacramento / San Diego Counties — Max. Allowable 2 treatments / month) (Healthy Families after initial 20 visit benefit) • Dermatology – laser therapy / procedures i.e. PUVA (Excision of Benign Lesions are non-covered benefits. Non-covered CPT Codes include 11200, 11201, 11055-11057, 11400 – 11471) • Experimental & Investigational Services are not covered benefits (including off label drug usage, procedures, treatments, surgeries and most clinical trials) • General Anesthesia for Dental restorations in patients 7 years old or older • All Dialysis & Plasmaphoresis services • Durable Medical Equipment, Medical Supplies & Equipment Repair & Replacement > \$250 per line item and all requests for: <ul style="list-style-type: none"> ◦ Apnea Monitors ◦ Bone Growth Stimulators ◦ Communication devices(S/P Tracheostomy) ◦ CPAP and BiPAP ◦ Hearing Aids / Cochlear Implants ◦ Insulin Pumps ◦ Oxygen – portable ◦ Scooters ◦ Wheelchairs – manual, power and custom 	<ul style="list-style-type: none"> • EEG – Video • Genetic Counseling and Testing • Home Health Care (RN, SW, PT, OT, ST, RT) • Home Infusion (All) • Hospice • Injectable Medications including all Genomics (Examples: Enbrel, Lupron, Humira, Remicade, Synagis, Interferon, Xolair, Humira, Raptiva, Amevive, Synvisc, blood or blood factors, Botox injections) Please reference PA Codified Matrix for complete list. • New Technology (new codes) • Nutritional Supplements & Enteral Formulas and supplies • HF & AIM Outpatient Mental Health, Alcohol / Chemical Dependency Services (Please reference contract numbers listed above.) • All Pain Management Services (including evaluations, Epidurals / Facet Blocks, Trigger Point Injections, Muscle Stimulators / TENS) • All Prosthetic/Orthotic Devices (Including Customized braces, prosthetics, Shoe inserts, orthopedic shoes 1 pr / yr w/ braces) • Physician Office Based Podiatry Surgery • All Reconstructive/Cosmetic Procedures • Rehabilitation Services, Out-Patient (PT, OT, Speech Therapy, wound care) • Specialized Imaging: (CT Scan, MRI, MRA, PET SCAN, SPECT, Pet Fusion, Nuclear Cardiac Scans) PA through MedSolutions • Sclerotherapy & Laser Therapy for Varicosities • Transplant Evaluations, Transplants and related services • Transportation (Non-emergent-medically necessary, Air ambulance, ambulance, Medi-van, WC Van) (Excluding facility to facility) • Ultrasounds during pregnancy (3 Or > / pregnancy)
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