



Molina Healthcare of Michigan Medicaid/MiChild Authorization Requirements

Authorization Not Required	Authorization Required	
	Notification Required Must request authorization prior to obtaining service	Clinical Review Required Must request authorization with clinical information within 14 days prior to service
Ambulance Transportation (Emergent) Amniocentesis Apnea Monitor (Rental basis for up to 3 months from date of discharge for infants discharged on a monitor) Bone density studies Cardiac stress tests (With/without nuclear studies) Chemotherapy (Outpatient) Chiropractic visits (Medicaid maximum 18 visits) (MiChild maximum 24 visits) CT scans (With or without biopsy) Developmental delay medical evaluation Diagnostic radiology (Plain film x-rays) **DME less than \$500 per line item (Preferred/contracted provider) Doppler studies EEG, EKG, EMG (Routine) Endoscopic procedures (EGD, ERCP, Sigmoidoscopy, Colonoscopy, Bronchoscopy, Cystoscopy) Hearing aid evaluation and testing Laboratory services Mammograms MRI **Non emergent transportation (call 1-888-898-7969 Option 2, then Option 3) (Medicaid benefit only) (Not a MiChild benefit) Nuclear Scans Observation Stays Office visit and treatment (Provided by a specialist, other than services listed in Clinical Review Required Column) **Orthotics and prosthetics less than \$500 per line item (Preferred/contracted provider) PT, OT, and ST (Evaluation only) Pulmonary diagnostic testing Radiation therapy (Outpatient) Sleep Study Transfusion services (Blood and blood products) Treatment for STDs Ultrasounds (With or without biopsy) Urgent care Wound care office visit	Dental general anesthesia (<6 years old) Diabetic Self Management Training (DSMT)/Diabetic Education (With HgbA1C) Dialysis Genetic Testing and Counseling (Submit CPT codes) Home health care (Skilled nursing visits – first 3 visits (RN)) Hospice (Outpatient) Occupational therapy (First 8 visits) Outpatient surgeries and procedures (Other than those listed in Prior Auth Required column) Pain management injections (First 6 sessions) Physical therapy (First 8 visits) SPECT, MRA, and PET Scans Transplant (Evaluations) Weight loss clinic counseling for morbid obesity (Only a MiChild benefit) Wound care surgical treatment	Acupuncture (Only a MiChild benefit) Ambulance Transportation (Non emergent) (Not a MiChild benefit) Apnea Monitor (Rental for more than 3 months from date of discharge for infants discharged on a monitor) Bariatric surgery Continuation of chiropractic service (More than 18 visits) Continuation of occupational therapy (More than 8 visits) Continuation of physical therapy (More than 8 visits) Continuation of pain management sessions (After initial 6 sessions) Dental general anesthesia ≥6 years old (Outpatient facility) Developmental delay treatment DME (Non contracted provider) DME more than \$500 per line item rental or purchase price (Preferred/contracted provider) Elective termination of pregnancy Hearing aids (MDCH Hearing Aid Dealers Database) Home health care (PT, OT and ST, continuation of skilled nursing visits (RN)) Home infusion In office diagnostics or procedures requiring general anesthesia Inpatient Admissions (Elective, Urgent, and Emergent)* Neuropsychiatric testing Orthotics and prosthetics (Non contracted provider) Orthotics and prosthetics more than \$500 per line item (Preferred/contracted provider) Outpatient surgeries including, but not limited to: <ul style="list-style-type: none"> • Abdominal surgeries (Potentially cosmetic, example: panniculectomy) • AICD (Automatic Implantable Cardioverter Defibrillator) • Breast surgeries • Erectile dysfunction procedures • Eyelid surgeries (Example: blepharoplasty, ptosis) • Foot surgeries • Head and neck lesions • Jaw reconstruction • Nasal surgeries (Example: rhinoplasty, septoplasty) • Potentially cosmetic surgeries (Example: scar revision) • Procedures likely to result in an inpatient admission • UPPP surgery (Uvulopalatopharyngoplasty) • Vagal nerve stimulation • Varicose veins Potentially experimental, investigational, or cosmetic services and procedures Referral to out of state provider Specialty Injectables: Pharmacy Department – Remicade/Orencia (attached Specialty Pharmacy Drug List) ; Utilization Management Department - Soliris Speech therapy (Treatment) Transplant (Services) Wound Vac (Negative Pressure Wound Therapy)

Service must be a Michigan Medicaid benefit

**Preferred Provider Network:

DME / Orthotics & Prosthetics – Wright & Filippis 1-800-482-0222

Mental Health & Substance Abuse – CompCare 1-800-435-5348 (Medicaid benefit)

Transportation 1-888-898-7969 Option 2, then Option 3 (Medicaid benefit)

March Vision Care – 1-888-493-4070

*Including inpatient hospice, rehab services, skilled nursing and subacute care

Contact Molina Healthcare at 1-888-898-7969 when an admission determination is made

Utilization Management Department Phone Number – 1-888-898-7969 or 1-866-449-6828

Utilization Management Department Fax Number – 1-800-594-7404

Pharmacy Department -Phone Number 1-888-898-7969, option 1, then Option 5

Pharmacy Department -Fax 1-888-373-3059