



July 22, 2005

Dear Provider:

As you are probably aware, Molina Healthcare of New Mexico, Inc. (MHNM) makes changes to the Prior Authorization Matrix from time to time in an effort to stay ahead of medical cost trends, new services, or changes in benefits. This is typically an annual process and it is now that time of year.

Effective September 1, 2005, the attached Prior Authorization Matrix will be effective and will be the standard that you should follow when providing services to MHNM members. While the changes are not numerous, you should review the document carefully for those procedures that you might provide.

Please insert the attached Prior Authorization Matrix into your Provider Manual since this document will officially become an addendum to the Provider Manual effective September 1, 2005.

As always, should you have any questions or require additional information, please call our Customer Service Department at 800-580-2811.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Bridwell", is written over a white background.

Kevin Bridwell  
Manager, Provider Services & Contracting

Enclosure

## Molina Healthcare Referral/Prior Authorization Guide

This Prior Authorization (PA) Guide applies to all Molina Healthcare Salud Members effective 9/1/05



Referral Required: Molina Healthcare is a primary care plan and requires a written or verbal referral from the Primary Care Provider (PCP) to specialist offices prior to sending the Member for specialist care.

**Please Note: Authorization requests should be submitted by the PCP or Specialist ordering the service.**

### **Inpatient/Outpatient Services:**

All Hospital admissions except those resulting in a routine birth.

Inpatient Substance Abuse Detox

All Outpatient Surgeries in a facility

Cochlear Implants

Pain Procedures (facet, epidurals) in facility

Dental/Medical Procedures in facility

Plastic/Reconstructive Surgery

Organ Transplant

Sleep Disorder Studies

Infused/Injectable Medications greater than \$200 - non emergent and non procedure related

\*Dialysis

\*Chemotherapy

### **Laboratory Services:**

Genetic testing

### **Obstetrical Services:**

\*OB Prenatal Care (to include initial ultrasound)

OB Ultrasound -2<sup>nd</sup> and any subsequent

TAB (requires letter of medical necessity)

### **In Office Procedures:**

Medical Procedures in a Dental Office

Pain Procedures (facet, epidurals)

Plastic/Reconstructive Surgery

Injectable Medications greater than \$200

\*Chemotherapy

### **Skilled Professional Services:**

Home Health Care

Skilled Nursing Facility

Extended Nursing Facility

Inpatient Hospice

Home Hospice

### **Outpatient Supplies DME:**

DME over \$200 and ALL rentals

Repairs or replacement of non-rental DME

Prosthetics and Orthotics over \$200

Medical Supplies over \$200

Diapers

Enteral Formulas

### **Outpatient Rehabilitation Therapy:**

Physical Therapy

Speech Therapy

Occupational Therapy

### **Radiological Services:**

PET

OB Ultrasounds

**Out of Plan Services:** ALL

### **Pharmacy:**

Formulary medications requiring a PA

Non-formulary Medication

Infused/Injectable Medications greater than \$200.00

### **Information generally required to support decision making includes:**

1. Current (up to 6 months), adequate patient history related to the requested services
2. Physical examination that addresses the problem
3. Any other information or data specific to the request
4. PCP or Specialist progress notes or consultations
5. Lab or X-ray results to support the request

Once the complete information is received, Molina Healthcare will process any "non-urgent" requests within 14 business days of receipt. "Urgent" requests will be processed within 72 hours. Urgent is defined as; a necessary service to prevent the deterioration of a member's health within the next week.

Providers who request prior authorization approval for patient services and/or procedures can request to review the criteria used to make the final decision. Molina Healthcare has a full time Medical Director available to discuss medical necessity decisions with the requesting physician at 1-800-377-9594.

### **Important Molina Healthcare Numbers and Website**

#### **Prior Authorization (UM): 8:00-5:00**

Phone: 1-877-262-0187/505-798-7371

Fax: 1-888-802-5711/505-856-2950

#### **Pharmacy Authorizations:**

Phone: 1-888-884-9527

Fax: 1-888-496-7755/505-348-0299

#### **Behavioral Health Authorizations:**

(Value Options: 1-888-251-7511)

#### **Member Service Benefits/Eligibility: 8:00-5:00**

Phone: 1-800-580-2811/505-342-4681

Fax: 505-342-0448

#### **Provider Services: 8:00-5:00**

Phone: 1-888-825-9266/505-341-7493

Fax: 505-798-7313

[http://www.molinahealthcare.com/new\\_mexico/provider/how\\_to/updates\\_events.html](http://www.molinahealthcare.com/new_mexico/provider/how_to/updates_events.html)

\* Please note Molina Healthcare is not requiring prior authorization of this service, however, notification is needed before a claim is submitted. Having this information allows the health plan to identify high-risk patients. Molina Healthcare's case managers can then ensure the patient is receiving all needed services.