

# MOLINA HEALTHCARE

## MEDICAID PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE

### EFFECTIVE: 01/01/2018

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

**ALL NON-PAR PROVIDER REQUESTS REQUIRE AUTHORIZATION REGARDLESS OF SERVICE.**

**THIS PRIOR AUTHORIZATION/PRE-SERVICE GUIDE APPLIES TO ALL MOLINA HEALTHCARE MEDICAID MEMBERS ONLY  
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT**

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| <ul style="list-style-type: none"> <li>● <b>Allergy Testing</b></li> <li>● <b>Art Therapy</b></li> <li>● <b>Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:</b> <ul style="list-style-type: none"> <li>○ See Important Contact information Section below</li> </ul> </li> <li>● <b>Cosmetic, Plastic and Reconstructive Procedures (in any setting).</b></li> <li>● <b>Durable Medical Equipment:</b> Refer to Molina’s Provider website or portal for specific codes that require authorization.</li> <li>● <b>Experimental/Investigational Procedures</b></li> <li>● <b>Genetic Counseling and Testing</b> except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations.</li> <li>● <b>Hearing Aids</b> – including anchored hearing aids.</li> <li>● <b>Home Healthcare and Home Infusion (Including Home PT, OT or ST):</b> Home Healthcare - After initial evaluation plus six (6) visits. Home PT, OT, ST – After initial evaluation. <b>NOTE:</b> Certain infusion drugs may be subject to prior authorization before services are rendered. Refer to Molina’s Provider website or portal for specific codes that require authorization.</li> <li>● <b>Hospice</b></li> <li>● <b>Hyperbaric Therapy</b></li> <li>● <b>Imaging, Advanced and Specialty Imaging:</b> Refer to Molina’s Provider website or portal for specific codes that require authorization.</li> <li>● <b>Inpatient Admissions:</b> Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.</li> <li>● <b>Long Term Services and Support:</b> Refer to Molina’s Provider website or portal for specific codes that require authorization. <b>(per State benefit)</b></li> <li>● <b>Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:</b> <ul style="list-style-type: none"> <li>○ Emergency Department Services;</li> <li>○ Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or inpatient stay;</li> <li>○ Local Health Department (LHD) services;</li> <li>○ Other services based on State requirements.</li> </ul> </li> <li>● <b>Occupational Therapy:</b> After initial evaluation</li> </ul> | <ul style="list-style-type: none"> <li>● <b>Office visits and office-based procedures may require a referral, but 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. See Important Information section below.</b></li> <li>● <b>Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:</b> Refer to Molina’s Provider website or portal for specific codes that require authorization.</li> <li>● <b>Pain Management Procedures:</b> except trigger point injections.</li> <li>● <b>Pet Therapy</b></li> <li>● <b>Physical Therapy:</b> After initial evaluation</li> <li>● <b>Physician Home Visits, excluding PCP</b></li> <li>● <b>Post-Discharge Meals</b></li> <li>● <b>Prosthetics/Orthotics:</b> Refer to Molina’s Provider website or portal for specific codes that require authorization.</li> <li>● <b>Radiation Therapy and Radiosurgery (for selected services only):</b> Refer to Molina’s Provider website or portal for specific codes that require authorization.</li> <li>● <b>Restorative Massage Therapy</b></li> <li>● <b>Sleep Studies:</b> (Except Home sleep studies)</li> <li>● <b>Specialty Pharmacy drugs (oral or injectable):</b> Refer to Molina’s Provider website or portal for specific codes that require authorization.</li> <li>● <b>Speech Therapy:</b> After initial evaluation</li> <li>● <b>Transplants including Solid Organ and Bone Marrow</b> (Cornea transplant does not require authorization);</li> <li>● <b>Transportation:</b> non-emergent Air Transportation;</li> <li>● <b>Unlisted &amp; Miscellaneous Codes:</b> 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.</li> </ul> |
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**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 (855) 322-4076

**Referrals are required for specialist visits and most office-based procedures, except for visits to providers with the following specialties – Obstetrics and Gynecology, Dermatology, Chiropractic, and Podiatry. Referrals do not cover office-based procedures that require authorization.**

### Important Molina Healthcare Medicaid Contact Information

<p><b>Prior Authorizations:</b> Phone: 1 (855) 322-4076      Fax: 1 (866) 440-9791</p> <p><b>Behavioral Health Authorizations: Region 1 – Access Behavioral Health</b> Phone: 1 (866) 477-6725      Fax: 1 (850) 469-3661</p> <p><b>Behavioral Health Authorizations: All other Medicaid Regions – Beacon Health</b> Phone: 1 (800) 221-5487      Fax: 1 (617) 747-1230</p> <p><b>NICU Authorizations:</b> Phone: 1 (855) 714-2415      Fax: 1 (877) 731-7220</p> <p><b>Pharmacy Authorizations:</b> Phone: 1 (855) 322-4076      Fax: 1 (866) 236-8531</p> <p><b>Transplant Authorizations:</b> Phone: 1 (855) 714-2415      Fax: 1 (877) 813-1206</p> <p><b>Long-Term Care Authorizations</b> Phone: 1 (888) 493-5537</p>	<p><b>Provider Customer Service:</b> Phone: 1 (855) 322-4076      Fax: 1 (562) 499-0719</p> <p><b>24 Hour Nurse Advice Line</b> English: 1 (888) 275-8750 [TTY: 1 (866) 735-2929] Spanish: 1 (866) 648-3537 [TTY: 1 (866) 833-4703]</p> <p><b>Dental: Dentaquest</b> Phone: 1 (888) 696-9541</p> <p><b>Transportation: Secure Transportation</b> Phone: 1 (877) 775-7340</p> <p><b>Vision Care: iCare Solutions</b> Phone: 1 (855) 373-7627</p>
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**Providers may utilize Molina Healthcare’s Website at:**

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

**Available features include:**

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| <ul style="list-style-type: none"> <li>• <b>Authorization submission and status</b></li> <li>• <b>Member Eligibility</b></li> <li>• <b>Provider Directory</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Claims submission and status</b></li> <li>• <b>Download Frequently used forms</b></li> <li>• <b>Nurse Advice Line Report</b></li> </ul> |
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## Molina Healthcare

### Medicaid Prior Authorization/Pre-Service Request Form

Phone Number: 1 (855) 322-4076  
 Fax Number: 1 (866) 440-9791

MEMBER INFORMATION			
<b>Plan:</b>	<input type="checkbox"/> Molina Medicaid (MMA)	<input type="checkbox"/> Long-Term Care	
<b>Member Name:</b>		<b>DOB:</b>	/ /
<b>Member ID#:</b>		<b>Phone:</b>	( ) -
<b>Service Type:</b>	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> Expedited/Urgent*	

**\*Definition 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			
<b>Inpatient</b> <input type="checkbox"/> Surgical procedures <input type="checkbox"/> Admissions <input type="checkbox"/> SNF <input type="checkbox"/> LTAC	<b>Outpatient</b> <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Pain Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office
<b>Diagnosis Code &amp; Description:</b>			
<b>CPT/HCPC/J Code &amp; Description:</b>			
<b>Strength/Dosage &amp; Frequency for above J-Codes**</b>			
<b>Number of visits requested:</b>		<b>DOS From:</b>	/ / to / /

**Please send clinical notes and any supporting documentation.**

**\*\*If multiple CPT or J-Codes, please submit this form along with a separate attachment.**

PROVIDER INFORMATION			
Requesting Provider Name:		NPI#:	
		TIN#:	
Servicing Provider or Facility:		NPI#:	
		TIN#:	
Contact at Requesting Provider's office:			
Phone Number:	( ) -	Fax Number:	( ) -
<b>For Molina Use Only:</b>			