Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:
- Inpatient, Residential Treatment, Partial hospitalization, Day Treatment;
- Electroconvulsive Therapy (ECT);

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)

Neuropsychological and Psychological Testing.

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 twenty-four (24) 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


Physical Therapy: After initial evaluation plus twenty-four (24) 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 (800) 526-8196, Option 3 then Option 4.

Important Molina Healthcare Medicaid Contact Information

<table>
<thead>
<tr>
<th>Prior Authorizations:</th>
<th>Provider Customer Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m. – 5:30 p.m. Local Time</td>
<td>8:30 a.m. – 5:30 p.m. Local Time</td>
</tr>
<tr>
<td>Phone: 1 (800) 526-8196, Option 3 then Option 4</td>
<td>Phone: 1 (800) 526-8196 Option 3 then Option 4</td>
</tr>
<tr>
<td>Fax: 1 (800) 811-4804</td>
<td>Fax: 1 (800) 811-4804</td>
</tr>
</tbody>
</table>

Member Customer Service Benefits/Eligibility:
Phone: 1 (800) 665-4621 Fax: 1 (866) 507-6186

Behavioral Health Authorizations:
Phone: 1 (800) 526-8196, Option 4
Fax: 1 (800) 811-4804

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

Pharmacy Authorizations:
Phone: 1 (888) 665-4621 Fax: 1 (866) 508-6445

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

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

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:
Phone: 1 (800) 322-6384

Transportation:
Phone: 1 (866) 475-5423 Fax: 1 (866) 913-4509

Vision Care:
Phone: 1 (888) 493-4070

Providers may utilize Molina Healthcare’s Website at:
https://provider.molinahealthcare.com/Provider/Login

Available features include:

- Authorization submission and status
- Member Eligibility
- Provider Directory
- Claims submission and status
- Download Frequently used forms
- Nurse Advice Line Report
**Molina Healthcare**  
**Medicaid Prior Authorization Request Form**  
Phone Number: 1 (800) 526-8196  
Fax Number: 1 (800) 811-4804

### Member Information

<table>
<thead>
<tr>
<th>Plan:</th>
<th>☐ Molina Medicaid ☐ Other:</th>
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<tbody>
<tr>
<td>Member Name:</td>
<td>DOB: / /</td>
</tr>
<tr>
<td>Member ID#:</td>
<td>Phone: ( ) -</td>
</tr>
<tr>
<td>Service Type:</td>
<td>☐ Elective/Routine ☐ Expedited/Urgent*</td>
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*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

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
<th>☐ Home Health</th>
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</thead>
<tbody>
<tr>
<td>☐ Surgical procedures</td>
<td>☐ Surgical Procedure</td>
<td>☐ OT ☐ PT ☐ ST</td>
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<tr>
<td>☐ Admissions</td>
<td>☐ Diagnostic Procedure</td>
<td>☐ Hyperbaric Therapy</td>
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<tr>
<td>☐ SNF</td>
<td>☐ Infusion Therapy</td>
<td>☐ Pain Management</td>
</tr>
<tr>
<td>☐ LTAC</td>
<td>☐ Other: __________</td>
<td>☐ In Office</td>
</tr>
</tbody>
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| Diagnosis Code & Description: | CPT/HCPC Code & Description: | Number of visits requested: | DOS From: / / to / / |

Please send clinical notes and any supporting documentation

### Provider Information

<table>
<thead>
<tr>
<th>Requesting Provider Name:</th>
<th>NPI#:</th>
<th>TIN#:</th>
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<tr>
<td>Servicing Provider or Facility:</td>
<td>NPI#:</td>
<td>TIN#:</td>
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<thead>
<tr>
<th>Contact at Requesting Provider’s office:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
<td>( ) -</td>
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</tbody>
</table>

For Molina Use Only: