

Molina Healthcare of Florida – Medicare & Medicaid Prior Authorization/Pre-Service Review Guide Effective: 06/01/2014

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare/Molina Medicare Members.

*****Referrals to Network Specialists do not require Prior Authorization***
Office visits to contracted (par) providers do not require Prior Authorization**

Authorization required for services listed below.

Pre-Service Review is required for elective services.

Only covered services are eligible for reimbursement

<ul style="list-style-type: none"> • Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services by Psychcare: Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP), Electroconvulsive Therapy (ECT). • Cosmetic, Plastic and Reconstructive Procedures (in any setting): which are not usually covered benefits include but are not limited to tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation, dermabrasion, botox injections, etc. • Dental General Anesthesia: > 7 years old or per state benefit (Not a Medicare covered benefit) • Dialysis: notification only • Durable Medical Equipment: Contact Univita • 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 • Hearing Aids – including anchored hearing aids. Medicare Hearing Supplemental benefit: Contact Avesis • Home Healthcare: Contact Univita • Home Infusion: Contact Univita • Hospice & Palliative Care: notification only • Imaging: CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, Intimal Media Thickness Testing, Three Dimensional (3D) Imaging • Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only) • Long Term Care Services and Support: All Services, including Attendant Care Services, Personal Care Services, Adult Day Health Services, Transportation. (Not a Medicare covered benefit) • Neuropsychological and Psychological Testing and Therapy. Contact Psychcare. • Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> ○ Emergency Department services ○ Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay ○ Child and Adolescent Health Center Services ○ Local Health Department (LHD) services ○ Other services based on state requirements 	<ul style="list-style-type: none"> • Nutritional Supplements & Enteral Formulas • Occupational Therapy: After initial evaluation for outpatient and home settings. For home setting, contact Univita. For Medicaid members age 21 and older, services are covered only in an outpatient hospital setting and subject to Medicaid benefit limitations. • Office-Based Surgical Procedures do not require authorization except for Podiatry Surgical Procedures (excluding routine foot care) • Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures. See Prior Auth list on Molina's website for specific codes <u>not</u> requiring Prior Authorization. • Pain Management Procedures: including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture (Acupuncture is not a Medicare covered benefit) • Physical Therapy: After initial evaluation for outpatient and home settings. For home setting, contact Univita. For Medicaid members age 21 and older, services are covered only in an outpatient hospital setting and subject to Medicaid benefit limitations. • Pregnancy and Delivery: notification only • Prosthetics/Orthotics: Includes but not limited to: <ul style="list-style-type: none"> ○ Orthopedic footwear/orthotics/foot inserts ○ Customized orthotics, prosthetics, braces • Rehabilitation Services: Including Cardiac, Pulmonary, and Comprehensive Outpatient Rehab Facility (CORF). CORF Services for Medicare only • Sleep Studies • Specialty Pharmacy drugs (oral and injectable) used to treat the following disease states, but not limited to: Anemia, Crohn's/Ulcerative Colitis, Cystic Fibrosis, Growth Hormone Deficiency, Hemophilia, Hepatitis C, Immune Deficiencies, Multiple Sclerosis, Oncology, Psoriasis, Pulmonary Hypertension, Rheumatoid Arthritis, and RSV prophylaxis • Speech Therapy: After initial evaluation for outpatient and home settings. For home setting, contact Univita. For Medicaid members age 21 and older, services are covered only in an outpatient hospital setting and subject to Medicaid benefit limitations. • Transplant Evaluation and Services including Solid Organ and Bone Marrow (Cornea transplant does not require authorization) • Transportation: non-emergent ambulance (ground and air) • Unlisted and Miscellaneous Codes: Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be used medical necessity documentation and rationale must be prior authorized. • Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy
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IMPORTANT INFORMATION FOR MOLINA HEALTHCARE/MOLINA MEDICARE

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. (Medicaid benefit only)

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 and fax denials are given within one business day of making the denial decision, or sooner if required by the member's condition.
- Providers 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 (866) 472-4585.

Important Molina Healthcare/Molina Medicare Information

Prior Authorizations:

Phone: 866-472-4585 (Medicaid / Medicare)
Fax: Medicaid- 866-440-9791, Medicare- 866-472-9509

Radiology Authorizations: Same as prior auth.

OB: Same as prior auth.

Pharmacy Authorizations:

Phone: 866-553-9494 (Medicaid / Medicare)
Fax: Medicaid – 866-236-8531, Medicare – 866-290-1309

Behavioral Health Authorizations (Psychcare):

Phone: 800-221-5487 Fax: 800-370-1116

Transplant Authorizations:

Phone: 888-562-5442 X 117328 Fax: 877- 731- 7218

Member Customer Service Benefits/Eligibility:

Medicaid - Phone: 866-472-4585 Fax: 877-508-5738
TTY/TDD: 800-955-8771

Medicare - Phone: 866-553-9794

TTY/ TDD users call 711

Home Health / DME : Univita Phone: 800-369-1416

Fax- Home Health- 305-728-1425, DME- 800-722-4148

Provider Customer Service:

Phone: 866-472-4585 Fax: 866-948-3537

24 Hour Nurse Advice Line

English: (888) 275-8750 TTY/TTD: 866-735-2929

Spanish: (866) 648-3537 TTY/TTD: 866-833-4703

Vision Care:

Phone: 888-493-4070

Dental:

Medicaid (DentalQuest)

Phone: 888-696-9541 Fax: 888-313-2883

TTY: 888-466-7566

Medicare (Avesis)

Phone –855-214-6779

TTY / TDD users call 711

Transportation: (Logisticare):

Phone: 866-528-0454

TTY / TDD- users use call 711

Providers may utilize Molina Healthcare's ePortal at www.molinahealthcare.com. Available features include:

- Authorization submission and status
- Claims submission (EDI) and status
- Download Frequently Used Forms
- Member Eligibility
- Provider Directory
- Nurse Advice Line Report

Molina Healthcare of Florida – Medicaid & Medicare Prior Authorization Request Form

Phone Number: 866-472-4585

Fax Number: Medicaid - 866-440-9791 Medicare - 866-472-9509

Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare			
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> Expedited/Urgent*	

***Definition of Urgent / Expedited 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			
Inpatient <input type="checkbox"/> Medical / Surgical <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Wound Care <input type="checkbox"/> Specialty Medication </div> <div> <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Chiropractic <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other: </div> </div>		<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office
Diagnosis Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested: (For specialty medications, include units & dose)		Date(s) of Service:	

Please send clinical notes and any supporting documentation.

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	()	Fax Number:	()

For Molina Use Only:

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