

MOLINA HEALTHCARE - UTAH

MEDICAID PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE

EFFECTIVE: 01/01/2017

THIS PRIOR AUTHORIZATION/PRE-SERVICE GUIDE APPLIES TO ALL MOLINA HEALTHCARE MEDICAID MEMBERS ONLY
REFER TO MOLINA'S PROVIDER WEBSITE OR PORTAL FOR SPECIFIC CODES THAT REQUIRE AUTHORIZATION
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

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

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| <ul style="list-style-type: none"> ● Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services: <ul style="list-style-type: none"> ○ Inpatient, Residential Treatment, Partial hospitalization, Day Treatment; ○ Electroconvulsive Therapy (ECT); ○ Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD). ● 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: <ul style="list-style-type: none"> ○ 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. | <ul style="list-style-type: none"> ● Occupational Therapy: After initial evaluation plus twenty (20) visits per calendar year for office, and outpatient settings. Non-traditional: benefit limit of 10 visits per year ● 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. <ul style="list-style-type: none"> ○ 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 ● Pain Management Procedures: except trigger point injections. ● Physical Therapy: Traditional: After initial evaluation plus twenty (20) visits for office and outpatient settings. Non-traditional: benefit limit of 10 visits per year ● 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: Home sleep studies are not covered by Medicaid. ● 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. |
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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 (888) 483-0760

Important Molina Healthcare Medicaid Contact Information

Prior Authorizations:

8:00 a.m. – 5:00 p.m. Local Time

Phone: 1 (888) 483-0760 Fax: 1 (866) 472-0589

Member Customer Service Benefits/Eligibility:

Phone: 1 (888) 483-0760 Fax: 1 (801) 858-0465

TTY/TDD: 1 (800) 346-4128

Behavioral Health Authorizations:

Phone: 1 (888) 483-0760 Fax: 1 (866) 472-0589

NICU Authorizations:

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

Pharmacy Authorizations:

Phone: 1 (855) 322-4081 Fax: 1 (866) 497-7448

Radiology Authorizations:

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

Transplant Authorizations:

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

Provider Customer Service:

8:00 a.m. – 5:00 p.m. Local Time

Phone: 1 (888) 472-0589

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:

Premier Access: 1 (877) 854-4242

DentaQuest: (800) 483-0031

Transportation:

Medicaid: 1 (888) 822-1048

CHIP: 1 (888) 822-1048

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 - Utah

Medicaid Prior Authorization Request Form

Phone Number: 1 (888) 483-0760

Fax Number: 1 (866) 472-0589

MEMBER INFORMATION

Plan:	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Other:	
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<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

Inpatient <input type="checkbox"/> Surgical procedures <input type="checkbox"/> Admissions <input type="checkbox"/> SNF <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"/> Infusion Therapy <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Pain Management </div> </div>	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Wheelchair <input type="checkbox"/> In Office
Diagnosis Code & Description:		
CPT/HCPC Code & Description:		
Number of visits requested:	DOS From: / / to / /	

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION

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