

MOLINA HEALTHCARE
MARKET PLACE PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 01/01/2017

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

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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"> ● See Important Contact Information section below ● 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: After initial evaluation plus six (6) visits per calendar year except for specific infusion drugs. NOTE: 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. ● 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, Hospice (Hospice requires notification only). ● 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. ● Nutritional Supplements & Enteral Formulas | <ul style="list-style-type: none"> ● Office visits and office-based procedures do not require authorization, unless specifically included in another category, i.e.: advanced imaging 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. ● Physician Home Visits, excluding PCP ● 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 (oral and injectable): Refer to Molina’s Provider website or portal for specific codes that require authorization. Auth required for all places of service. ● Transplants including Solid Organ and Bone Marrow (Cornea transplant does not require authorization). ● 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. ● Vision: Please contact VSP at 1 (800) 615-1883 |
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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 MARKET PLACE 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) 560-5716

Important Molina Healthcare Market Place Contact Information

Prior Authorizations:

Phone: 1 (888) 560-5716 Fax: 1 (866) 440-9791

Behavioral Health Authorizations: Beacon Health

Phone: 1 (800) 221-5487 Fax: 1 (617) 747-1230

NICU Authorizations:

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

Pharmacy Authorizations:

Phone: 1 (888) 560-5716 Fax: 1 (866) 236-8531

Transplant Authorizations:

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

Provider Customer Service:

Phone: 1 (888) 560-5716 Fax: 1 (562) 499-0719

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]

Vision Care (VSP):

Phone: 1 (800) 615-1883

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"> • Authorization submission and status • Download Frequently used forms • Provider Directory | <ul style="list-style-type: none"> • Claims submission and status • Member Eligibility • Nurse Advice Line Report |
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Molina Healthcare
Market Place Prior Authorization Request Form
Phone Number: 1 (866) 472-4585
Fax Number: 1 (866) 440-9791

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Market Place	<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 <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other: _____	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Pain Management	<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:					