MOLINA® HEALTHCARE MEDICARE
PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 04/01/2019

FOR MMP MEDICAID, PLEASE REFER TO YOUR STATE MEDICAID PA GUIDE FOR ADDITIONAL PA REQUIREMENTS

Refer to Molina's Provider Website/Portal for specific codes that require authorization
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

OFFICE VISITS TO CONTRACTED/PARTICIPATING PRIMARY CARE PROVIDERS DO NOT REQUIRE PA.

- **Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Partial hospitalization;
  - Electroconvulsive Therapy (ECT).
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting).**
- **Durable Medical Equipment**
  - Medicare Hearing Aides [supplemental benefit]. Contact AVESIS at 1 (800) 327-4462.
- **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 Services (including home-based PT/OT/ST).** All home healthcare services require PA after initial evaluation plus six (6) visits.
- **Hyperbaric Therapy.**
- **Imaging, Advanced and Specialty Imaging**
- **Elective Inpatient Admissions:** Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.
- **Long Term Services and Supports:** Not a Medicare covered benefit*. **(*Per State benefit if MMP).**
- **Neuropsychological and Psychological Testing.**
- **Non-Par Providers/Facilities:**
  PA is required for office visits, procedures, labs, diagnostic studies, inpatient stays except for:
  - Emergency and Urgently needed Services;
  - Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or inpatient stay;
  - Dialysis when temporarily absent from service area.
  - Ambulance services dispatched through 911
  - PA is waived for all radiologists, anesthesiologists, and pathologists professional services when billed for POS 19, 21, 22, 23 or 24
- **Non-Par Providers/Facilities (continues):**
  - PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting.
  - Local Health Department (LHD) services
  - Federally Qualified Health Center (FQHC), Rural Health Center (RHC) or Tribal Health Center (THC) services
  - Women's Health, Family Planning and Obstetrical services.
- **Occupational, Physical, & Speech Therapy**: PA required after Medicare therapy benefit threshold ($2,040 for PT & ST combined and $2,040 for OT) has been reached 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.**
- **Pain Management Procedures:** except trigger point injections (Acupuncture is not a Medicare covered benefit).
- **Prosthetics/Orthotics.**
- **Radiation Therapy and Radiosurgery (for selected services only).**
- **Sleep Studies:** (Except Home (POS 12) sleep studies)
- **Specialty Pharmacy drugs.**
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization).
- **Transportation:** non-emergent air transportation.
- **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.

MOLINA HEALTHCARE

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICARE 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.

MICHIGAN (Service hours 8am-5pm local M-F, unless otherwise specified)

	PHONE	FAX		PHONE	FAX
IP Prior Auths **OP Prior Auths**	1 (888) 898-7969 1 (855) 322-4077	1 (888) 295-7665 1 (844) 251-1450	**Pharmacy Authorizations**	1 (888) 665-3086	1 (866) 290-1309
Member Customer Service Benefits/ Eligibility	1 (800) 665-3072 [TTY/TDD: 711]	1 (801) 858-0409	**Provider Customer Service**	1 (855) 322-4077	1 (248) 925-1784
Behavioral Health Authorizations	1 (888) 898-7969	1 (888) 295-7665	**Dental**	1 (800) 327-4462	
Radiology Authorizations	1 (855) 714-2415	1 (877) 731-7218	**Transportation**	1 (855) 735-5604	1 (844) 251-1450
Transplant Authorizations	1 (855) 714-2415	1 (877) 813-1206	**Vision** (March Vision)	1 (888) 493-4070	1 (877) 627-2488
NICU Authorizations	1 (855) 714-2415	1 (877) 731-7220	**24 Hour Nurse Advice Line (7 days/week):** English: 1 (888) 275-8750 / TTY: 1 (866) 735-2929 Spanish: 1 (866) 648-3537 / TTY: 1 (866) 833-4703		

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

Available features include:

- **Authorization submission and status**
- **Claims submission and status**
- **Member Eligibility**
- **Provider Directory**
- **Frequently used forms**
- **Nurse Advice Line Report**