Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services: Inpatient, Partial hospitalization, Electroconvulsive Therapy (ECT).
  o Non-Physician/Advanced Practice Registered Nurse (APRN) BH Outpatient Visits & Community Based Outpatient programming: After initial evaluation for outpatient and home settings

Chiropractic Services

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: Refer to Molina’s website for specific codes that require authorization.
  o (Medicare Hearing Supplemental benefit: Contact Avesis at 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: After 3 skilled nursing visits.
  o (Private Duty Nursing (PDN) is a covered benefit for MIChild only)

Home Infusion

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)

Neuropsychological and Psychological Testing

Non-Par Providers/ Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:
  o Emergency Department services
  o Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
  o Women's Health, Family Planning and Obstetrical Services
  o Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) / Tribal Health Center (THC)
  o Child and Adolescent Health Center Services
  o Local Health Department (LHD) Services
  o Other services based on state requirements

Nutritional Supplements & Enteral Formulas

Occupational Therapy: After initial evaluation for outpatient and home settings

Office-Based Surgical Procedures do not require authorization except for Podiatry Surgical Procedures (excluding routine foot care)

Outpatient Hospital/ Ambulatory Surgery Center (ASC) Procedures: Refer to Molina’s website for specific codes that are EXCLUDED from authorization requirements

Pain Management Procedures: including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture (Acupuncture is a covered benefit for MIChild only).

Physical Therapy: After initial evaluation for outpatient and home settings

Pregnancy and Delivery: notification only

Prosthetics/ Orthotics: Refer to Molina’s website for specific codes that require authorization. Includes but not limited to:
  o Orthopedic footwear/orthotics/foot inserts
  o 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 (Refer to Molina’s website for specific codes that require authorization)

Speech Therapy: After initial evaluation for outpatient and home settings

Transplant Evaluation and Services including Solid Organ and Bone Marrow (Comea transplant does not require authorization)

Transportation: non-emergent ambulance (ground and air) (Not a covered benefit for MIChild)

Unlisted and 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.

Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy

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)
Important Molina Healthcare/Molina Medicare Information

Prior Authorizations: 8:00 a.m. – 5:00 p.m.
Phone: (888) 898-7969
Medicaid Fax: (800) 594-7404
Medicare Fax: (888) 295-7665

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

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

Pharmacy Authorizations:
Medicaid: Phone: (888) 898-7969  Fax: (888) 373-3059
Medicare: Phone: (800) 665-3072  Fax: (888) 256-6795

Behavioral Health Authorizations:
Phone: (888) 898-7969
Medicaid Fax: (800) 594-7404
Medicare Fax: (888) 295-7665

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

Member Customer Service Benefits/Eligibility:
Medicaid: Phone: (888) 898-7969  Fax: (248) 925-1765
Medicare: Phone: (800) 665-3072  Fax: (801) 858-0409
TTY/TDD: Medicaid: (800) 649-3777
TTY/TDD: Medicare: 711 or (800) 346-4128

Provider Customer Service: 8:00 a.m. – 5:00 p.m.
Medicaid: Phone: (888) 898-7969  Fax: (248) 925-1784
Medicare: Phone: (800) 665-3072  Fax: (248) 925-1784

24 Hour Nurse Advice Line:
English: (888) 275-8750  [TTY/TDD: (866) 735-2929]
Spanish: (866) 648-3537 [TTY/TDD: (866) 833-4703]

Vision Care:
Phone: (888) 493-4070  Fax: (877) 627-2488
TTY/TDD: (877) 627-2456

Dental: Medicare Only:
Phone: (800) 327-4462

Transportation:
Medicaid: Phone: (866) 712-1063
Medicare: Phone: (866) 475-5423

Providers may utilize Molina Healthcare’s Web Portal at: www.molinahealthcare.com

Available features include:

- Authorization submission and status
- Claims submission and status (EDI only)
- Download Frequently used forms
- Member Eligibility
- Provider Directory
- Nurse Advice Line Report
### MEMBER INFORMATION

<table>
<thead>
<tr>
<th>Plan:</th>
<th>Molina Medicaid</th>
<th>Molina Medicare</th>
<th>MI Child</th>
<th>Other:</th>
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<td>Expedited/Urgent*</td>
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*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.*

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
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<tr>
<td>Surgical procedures</td>
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<td>Chiropractic</td>
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- | Imaging |
- | Infusion Therapy |
- | Home Health |
- | DME |
- | In Office |

- Diagnosis Code & Description: 
- CPT/HCPC Code & Description: 
- Number of visits requested: 
- 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: