# Molina Healthcare / Molina Medicare of New Mexico
# Prior Authorization / Pre-Service Review Guide
# Effective: 01/01/2014

**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**

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:** (Refer to BH on next page).
  - Medicare does not require authorization for outpatient Behavioral Health services.
- **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.
- **Diapers:** (Not a Medicare covered benefit)
- **Durable Medical Equipment (Med supplies, orthotics, prosthetics):** Refer to Molina's website for specific codes that require authorization.
  - 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.
- **Home Infusion.**
- **OP 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 Services and Supports: (per state benefit):** Refer to LTC Services on next page. Not a Medicare covered benefit.
- **Neuropsychological and Psychological Testing & Therapy.**
- **Non-Par Providers / Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:**
  - Emergency Department services
  - Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
  - Women's Health, Family Planning and Obstetrical Services
  - Child and Adolescent Health Center Services
  - Local Health Department (LHD) services
  - Other services based on state requirements
- **Nutritional Supplements & Enteral Formulas.**
- **Occupational Therapy**: (OP and home settings)
  - Under 21 y/o: initial evaluation plus 6 visits.
  - 21+ y/o: After initial evaluation.
- **Office-Based Surgical Procedures do not require auth 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 (Not a Medicare covered benefit).
- **Physical Therapy:** (OP and home settings)
  - Under 21 y/o: initial evaluation plus 6 visits.
  - 21+ y/o: After initial evaluation.
- **Pregnancy and Delivery:** Notification only.
- **Prosthetics / Orthotics:**
  Refer to Molina's website for specific codes that require authorization. Includes but not limited to:
  - 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** (Refer to Molina's website for specific codes that require authorization).
- **Speech Therapy:** (OP and home settings)
  - Under 21 y/o: initial evaluation plus 6 visits.
  - 21+ y/o: After initial evaluation.
- **Transplant Evaluation and Services including Solid Organ and Bone Marrow** (Exception: Cornea transplant does not require authorization).
- **Transportation:** non-emergent ambulance (ground & air).
- **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.
- **Weight Watchers Meetings.**
- **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)**

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**Authorization required for services listed below.**
**Pre-Service Review is required for elective services.**

## Only covered services will be paid

### Behavioral Health

**Members under age 21**

- Adaptive Skills Building (Autism)
- Day Treatment Services (Medicare only for PA requirement)*
- Electroconvulsive Therapy (Medicare only for PA requirement)*
- Group Homes
- Infant Mental Health (member ages 0-3: for adult caregivers)
- Inpatient Admissions*
- Intensive Outpatient Program Services (Medicare only for PA requirement)*
- Non-Accredited Residential Treatment Centers
- Office Visits (after 20 during a 12 month period – Medicare only for PA requirements)*
- Partial Hospitalization (Medicare only for PA requirement)*
- Treatment Foster Care
- Treatment Foster Care II

**Members age 21 and older**

- Day Treatment Services (Medicare only for PA requirements)**
- Electroconvulsive Therapy (Medicare only for PA requirements)*
- Inpatient Admissions*
- Office Visits (after 20 during a 12 month period – Medicare only for PA requirements)*
- Partial Hospitalization (Medicare only for PA requirements)*

*Medicare covered services as well as Medicaid covered services.
**Medicare covered service ONLY.

### Long Term Care*

- Enhanced Adaptive Aids (Dual eligible members only)
- Meals on Wheels (Dual eligible members only)
- Nursing Facility (custodial care)
- Reintegration Services (Dual eligible members only)

**Agency-Based Community Benefit: the following services can be provided within the member's Individual Service Plan**

- Adult Day Health
- Assisted Living
- Behavior Support Consultation
- Community Transition Services
- Emergency Response
- Employment Supports
- Environmental Modifications
- Personal Care Services
- Private Duty Nursing
- Respite
- Skilled Maintenance Therapy Services

**Self-Directed Community Benefit: the following services can be provided within the member's Service & Support Plan**

- Behavior Support consultation
- Emergency Response
- Employment Supports
- Environmental Modifications
- Home Health Aide
- Homemaker
- Nutritional Counseling
- Private Duty Nursing for Adults
- Related Goods
- Respite
- Skilled Maintenance Therapy Services
- Specialized Therapies
- Transportation (non-medical)

***Medicaid covered service ONLY.**

## IMPORTANT INFORMATION FOR MOLINA HEALTHCARE/MOLINA MEDICARE

**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 877-377-9594.

### Important Molina Healthcare/Molina Medicare Contact Information

**Prior Authorizations:** 8:00a.m.–5:00p.m. (MT – M-F)
Medicaid: 877-262-0187 Fax: 888-802-5711
Medicare: 888-825-9266 Fax: 888-802-5711

**Pharmacy Authorizations:**
Medicaid: 800-580-2811 Fax: 866-472-4578
Medicare: 888-665-1328 Fax: 866-290-1309

**Behavioral Health Authorizations:**
Medicare: 800-660-7185 Fax: 888-802-5711

**Member Customer Service Benefits/Eligibility:**
Medicaid: 800-580-2811 Fax: 505-342-0595
Medicare: 866-440-0127 Fax: 801-858-0409
TTY/TDD: 800-346-4128

**Radiology Authorizations:**
Phone: 855-322-4078 Fax: 877-731-7218

**NICU Authorizations:**
Phone: 855-322-4078 Fax: 877-731-7218

**Transplant Authorizations:**
Phone: 855-322-4078 Fax: 877-731-7218

**Provider Customer Service:** 8:00a.m.–5:00p.m. (M-F)
Phone: 888-825-9266 Fax: 505-342-4711

**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: March Vision Services**
Phone: 888-493-4070

**Hearing Exam Benefits: Medicare (Avesis)**
Phone: 800-327-4462

**Dental:**
Medicaid: 800-580-2811
Medicare: 855-214-6779 (Avesis)

**Transportation:**
Medicaid: ITM 888-593-2052
Medicare: LogistiCare: 866-475-5423 (reservations)
Ride Assist: 866-474-5331

**Providers may utilize Molina Healthcare's ePortal 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**

# Molina Healthcare of New Mexico – Medicaid & Medicare
# Prior Authorization Request Form

**Phone Number: 877-262-0187**
**Fax Number: 888-802-5711**
**Advanced Imaging/NICU/Transplant Fax Number: 877-731-7218**

| MEMBER INFORMATION | | | |
|---|---|---|---|
| **Plan:** | ☐ **Molina Medicaid** | ☐ **Molina Medicare** | ☐ **Other:** |
| **Member Name:** | | **DOB:** | / / |
| **Member ID#:** | | **Phone:** | ( ) - |
| **Service Type:** | ☐ Elective/Routine | ☐ 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**<br>☐ Surgical procedures<br>☐ ER Admits<br>☐ SNF<br>☐ Rehab<br>☐ LTAC | **Outpatient**<br>☐ Surgical Procedure<br>☐ Diagnostic Procedure<br>☐ Wound Care<br>☐ Other: | ☐ Rehab (PT, OT, & ST)<br>☐ Chiropractic<br>☐ Infusion Therapy | ☐ **Home Health**<br>☐ **DME**<br>☐ **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:**