***Referrals to Network Specialists and office visits to contracted (par) providers do not require Prior Authorization**

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Marketplace Members

Refer to Molina's Provider website or portal for specific codes that require authorization

"Prior Authorization Code Matrix"
Only covered services are eligible for reimbursement

- **Behavioral Health:** Mental Health, Alcohol and Chemical Dependency Services:
  - 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
- **Habilitative Therapy****: After initial evaluation
- **Home Healthcare and Home Infusion:** Skilled Nursing after initial evaluation plus six (6) visits (maximum allowed is 60 visits)
- **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), and Inpatient Elective Procedures
- **Neuropsychological and Psychological Testing**
- **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
  - Local Health Department (LHD) services
  - Other services based on state requirements

- **Occupational Therapy****: After initial evaluation
- **Office Visits & Office-Based Procedures at PAR providers do not require authorization**
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:** Refer to Molina's Provider website or portal for specific codes that require authorization
- **Pain Management Procedures:** Except trigger point injections
- **Physical Therapy****: After initial evaluation
- **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
- **Rehabilitation Services:** Chiropractic Services require authorization after 35 visits (only permitted in connection with outpatient rehabilitation, occupational therapy and physical therapy)
- **Specialty Pharmacy drugs (oral and injectable):** Refer to Molina's Provider website or portal for specific codes that require authorization. Fax Pharmacy authorization requests to (888) 487-9251
- **Speech Therapy****: After initial evaluation
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)
- **Transportation:** non-emergent ambulance (ground and air)
- **Unlisted and Miscellaneous:** 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.

*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.

**ECI: An auth is not required for therapy listed on the ECI IFSP provided by an ECI provider (for children from birth through 35 months of age).

***Review PA Code Matrix located on Molina's Provider Portal and Website for specific codes that require authorization.

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKETPLACE

Information generally required to support authorization decision making includes:

- Current (up to 3 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 866-449-6849 x206660.

Important Molina Healthcare Marketplace Contact Information	
Prior Authorizations: 8:00 a.m. – 5:00 p.m. Phone: 855-322-4080 Fax: 866-420-3639 Radiology Authorizations: Phone: 855-714-2415 Fax: 877-731-7218 NICU Authorizations: Phone: 855-714-2415 Fax: 877-731-7218 Pharmacy Authorizations: Phone: 855-322-4080 Fax: 888-487-9251 Behavioral Health Authorizations: Phone: 855-322-4080 Fax: 866-617-4967 Transplant Authorizations: Phone: 855-714-2415 Fax: 877-731-7218 Member Customer Service Benefits/Eligibility: Phone: 888-560-2025 TTY/TDD: 800-735-2989	Provider Customer Service: 8:00 a.m. – 5:00 p.m. Phone: 855-322-4080 Fax: 281-599-8916 24 Hour Nurse Advice Line English: 888-275-8750 [TTY: 866-735-2929] Spanish: 866-648-3537 [TTY: 866-833-4703] Vision Care (Avesis): Phone: 855-704-0430 Transportation: Reservations Phone: 866-918-1556 Ride Assist (Where's My Ride): 866-918-1557 TTY/TTD: 866-288-3133

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 Marketplace Prior Authorization Request Form

Phone Number: (855) 322-4080
Fax Number: (866) 420-3639, Pharmacy: (888) 487-9251

MEMBER INFORMATION		
Date of Request:		
Plan: ☐ Molina Marketplace	☐ 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 ☐ Surgical procedures ☐ ER Admits ☐ SNF ☐ Rehab ☐ LTAC	**Outpatient** ☐ Surgical Procedure ☐ Diagnostic Procedure ☐ Infusion Therapy	☐ Rehab (PT, OT, & ST) ☐ Hyperbaric Therapy ☐ Other:	☐ Home Health ☐ DME ☐ In Office
Diagnosis Code & Description:			
CPT/HCPC Code & Description:		For "J Codes", include # of mgs::	
Number of visits requested:		Date(s) of Service:	

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION			
Requesting Provider Name:			
Contact at Requesting Provider's office:			
Phone Number:	( )	Fax Number:	( )
TIN/NPI:		Address:	
Provider/Facility Providing Service:			
Phone Number:	( )	Fax Number:	( )
TIN/NPI:		Address:	
For Molina Use Only:			