Molina Healthcare/Molina Medicare of Texas
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

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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:** Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP), Electroconvulsive Therapy (ECT)
  - Non MD/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
- **Diapers, Incontinence products** (not a Medicare covered benefit)
- **Durable Medical Equipment:**
  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** for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations (Authorization is required for CHIP Perinate as it is not a standard covered benefit.)
- **Home Healthcare:** after 3 skilled nursing visits
- **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)
- **Long Term Services and Supports: (per state benefit)** e.g., Personal Attendant Services (PAS), Personal Care Services, Day Adult Health Services (DAHS). Not a Medicare covered benefit
- **Neuropsychological and Psychological Testing and 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:** 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 not a Medicare covered benefit)
- **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:
  - 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:** After initial evaluation for outpatient and home settings**
- **Transplant Evaluation and Services including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)
- **Transportation:** non-emergent ambulance (ground and air)
- **Unlisted and Miscellaneous Codes:** Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be used medical necessity documentation and rationale must be prior authorized.
- **Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy**

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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. (Medicaid benefit only)

**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).

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 or fax. 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/Molina Medicare Information

Prior Authorizations: 8:00 a.m. – 5:00 p.m.
Medicaid: 866-449-6849 Fax: 866-420-3639
Medicare: 866-440-0012
Radiology Authorizations:
Phone: 1-855-714-2415   Fax: 877-731-7218
NICU Authorizations:
Phone: 1-855-714-2415   Fax: 877-731-7218
Pharmacy Authorizations:
Medicaid: 866-449-6849 Fax: 888-487-9251
Behavioral Health Authorizations:
Phone: 800-818-5837 Fax: 866-617-4967
For Behavioral Health Services in Dallas Service Area (STAR+PLUS), please call NorthSTAR at 888-800-6799
Fax: (877) 888-6444
Transplant Authorizations:
Phone: 1-855-714-2415 Fax: 877-731-7218
Member Customer Service Benefits/Eligibility:
Medicaid: 866-449-6849   Fax: 281-599-8916
Medicare: 866-440-0012
TTY/TDD: Relay Texas
       English: 800-735-2989 OR 711
       Spanish: 800-662-4954
Provider Customer Service: 8:00 a.m. – 5:00 p.m.
Phone: 866-449-6849   Fax: 281-599-8916

STAR+PLUS Service Coordination Line: Phone: 1-866-409-0039
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: (www.opticarevisionplans.com)
provrel@opticare.net
CHIP   800-368-4790
STAR   866-492-9711
STAR+PLUS 877-832-4118
Fax: 800-980-4002
Medicare: Avesis Third Party Administrators, Inc.
          800-952-6800
Dental:
Medicaid: Liberty Dental
          888-359-1084
Medicare: Avesis Third Party Administrators, Inc.
          800-952-6800
Medicare OTC : CVS Caremark
Transportation: *Medicare:* LogistiCare Solutions
Reservations: 1-866-475-5423   Ride Assist: 1-866-474-5331
Medicaid/CHIP: Medical Transportation Program (MTP)
Dallas: 1-855-687-3255   Houston: 1-855-687-4786
All other areas: 1-877-633-8747 (1-877-MED-TRIP)

Providers may utilize Molina Healthcare's ePortal at: www.molinahealthcare.comAvailable 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/Molina Medicare Prior Authorization Request Form
Phone Number: (866) 449-6849
Fax Number: (866) 420-3639

Date of Request:	

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 ❑ Surgical procedures ❑ ER Admits ❑ SNF ❑ Rehab ❑ LTAC	**Outpatient** ❑ Surgical Procedure ❑ Diagnostic Procedure ❑ Wound Care ❑ Other:	❑ Rehab (PT, OT, & ST) ❑ Chiropractic ❑ Infusion Therapy	❑ **Home Health** ❑ **DME** ❑ **In Office**

ICD-9 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

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:	

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