

Medicaid and CHIP, & Medicare MMP Dual Options Prior Authorization/Pre-Service Review Guide
Effective: 01/01/2017

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 Medicaid, CHIP, & Medicare MMP Dual Options Members

Refer to Molina's Provider website or portal for specific codes that require authorization on the document "Prior Authorization Code Matrix"
Only covered services are eligible for reimbursement

- | | |
|--|---|
| <ul style="list-style-type: none"> ✱ Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services: <ul style="list-style-type: none"> ○ 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) ✱ Diapers and Incontinence products (<21 years), Not a Medicare covered benefit ✱ Durable Medical Equipment ✱ 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. (Authorization is required for CHIP Perinate as it is not a standard covered benefit.) ✱ Habilitative Therapy – After initial evaluation ** ✱ Home Healthcare and Home Infusion including Home PT, OT or ST: After initial evaluation plus six (6) visits per calendar year. ✱ Hyperbaric Therapy ✱ Imaging, Advanced and Specialty Imaging ✱ Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, All Inpatient Elective Procedures ✱ Long Term Services and Supports: (Not a Medicare covered benefit) ✱ Neuropsychological and Psychological Testing ✱ Nutritional Supplements & Enteral Formulas ✱ Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> ○ 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 | <ul style="list-style-type: none"> ✱ Occupational Therapy: CCP Membership: After initial evaluation plus six (6) visits for office, outpatient and home settings. Adult Membership: After initial evaluation plus twenty-four (24) visits per calendar year for office and outpatient settings. ✱ Office Visits & Office-Based Procedures for PAR Do Not require authorization ✱ Outpatient Hospital Surgery/Ambulatory Surgery Center (ASC) Procedures ✱ Pain Management Procedures in all settings: Except trigger point injections (Acupuncture is not a Medicaid covered benefit) ✱ Physical Therapy: CCP Membership: After initial evaluation plus six (6) visits for office, outpatient and home settings. Adult Membership: After initial evaluation plus twenty-four (24) visits per calendar year for office and outpatient settings. ✱ Prosthetics/Orthotics ✱ Radiation Therapy and Radiosurgery (for selected services only) ✱ Rehabilitation Services Comprehensive Outpatient Rehab Facility (CORF) - CORF Services are a benefit for Medicare and CCP only ✱ Specialty Pharmacy drugs: Refer to Vendor Drug Program, TX Medicaid Provider Procedures. Claims payment is dependent on valid National Drug Code during claims submission. ✱ Speech Therapy: After initial evaluation plus six (6) visits for office, outpatient and home settings. ✱ Transplants including Solid Organ and Bone Marrow (Cornea transplant does not require authorization) ✱ Transportation: Non-emergent ambulance (ground and air) Refer to Molina's Provider website for specific codes that require authorization. ✱ Unlisted and Miscellaneous and T (Temporary) 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. Refer to Molina's website for specific codes that require authorization |
|--|---|

**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).

**HOSPICE: services are covered for Medicaid/CHIP with referral to DADS and for Medicare with referral to Traditional Medicare services.

Prior Authorization requests for Outpatient Services with participating providers can be submitted through Clear Coverage application through our Provider Portal at www.molinahealthcare.com. Some services can automatically authorize through this application.

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 at 866-449-6849 X206660.

Important Molina Contacts

Prior Authorizations: 8:00 a.m. – 5:00 p.m.
Medicaid/CHIP: 1 [855-322-4080] Fax: 1 [866-420-3639]
Nursing Facilities (Medicaid/CHIP/MMP/Medicare):
 1 [855-322-4080] Fax: 1 [866-420-3639]
Medicare/MMP: 1 [855-322-4080] Fax: 1 [844-251-1450]
Radiology Authorizations:
 Phone: 1 [855-714-2415] Fax: 1 [877-731-7218]
NICU Authorizations:
 Phone: 1 [855-714-2415] Fax: 1 [877-731-7218]
Pharmacy Authorizations:
Medicaid/CHIP: 1 [866-449-6849] Fax: 1 [888-487-9251]
MMP/Medicare: Fax: 1 [866-290-1309]
Behavioral Health Authorizations:
 Phone: 1 [866-449-6849] Fax: 1 [866-617-4967]
Transplant Authorizations:
 Phone: 1 [855-714-2415] Fax: 1 [877-731-7218]
Member Customer Service Benefits/Eligibility:
Medicaid: 1 [866-449-6849] Fax: 1 [281-599-8916]
 TTY/TDD: Relay Texas
 English: 1 [800-735-2989 OR 711]
 Spanish: 1 [800-662-4954]
Medicare: 1 [866-403-8293]
 TTY/TDD: 1 [866-440-0012 OR 711]

Provider Customer Service: 8:00 a.m. – 5:00 p.m.
 Phone: 1 [855-322-4080] Fax: 1 [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 1 [800-368-4790]
STAR 1 [866-492-9711]
STAR+PLUS 1 [877-832-4118]
 Fax: [800-980-4002]
Medicare: Avesis Third Party Administrators, Inc.
 1 [800-327-4462]
Dental:
Medicaid: Liberty Dental
 1 [888-359-1084]
Medicare: Avesis Third Party Administrators, Inc.
 1 [855-704-0430]
Medicare OTC : CVS Caremark
Transportation: *Medicare:* Secure Transportation
 1 [844-368-1500]
Medicaid/Chip: Medical Transportation Program (MTP)
 Dallas: 1 [855-687-3255] Houston: 1 [855-687-4786]
 All other areas: 1 [877-633-8747 (877-MED-TRIP)]
 Houston: 1 [855-687-4786]
 All other areas: 1 [877-633-8747 (877-MED-TRIP)]

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

Available features include:

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

****Need help with Provider Portal email MHTXproviderservices@molinahealthcare.com****

Molina Healthcare Medicaid, CHIP, & Medicare MMP Dual Options Prior Authorization Request Form

Fax Number: Utilization Management: [Medicaid/CHIP/Nursing Facility: (866) 420-3639; MMP/Medicare: (844) 251-1450
Pharmacy: Medicaid/CHIP (888) 487-9251; MMP/Medicare: (866) 290-1309]

MEMBER INFORMATION			
Date of Request:			
Plan:	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Other:
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> 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 <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Infusion Therapy </div> <div> <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Pain Management <input type="checkbox"/> Other: </div> </div>		<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Wheelchair <input type="checkbox"/> 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:	()	TPI :	NPI:
Fax Number:	()	Address:	
Provider/Facility Providing Service:			
Phone Number:	()	TPI:	NPI:
Fax Number:	()	Address:	

For Molina Use Only:

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service (for Molina Marketplace members, this includes grace period status), benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement. For additional information on a member's grace period status, please contact Molina Healthcare.