

**Medicaid and CHIP, & Medicare MMP Dual Options Prior Authorization/Pre-Service Review Guide  
Effective: 1/01/2019**

**Refer to Molina’s Provider website or portal for specific codes that always require authorization  
Only covered services are eligible for reimbursement**

**OFFICE VISITS TO CONTRACTED/PARTICIPATING (PAR) PROVIDERS & REFERRALS TO PAR NETWORK SPECIALISTS  
DO NOT REQUIRE PRIOR AUTHORIZATION (PA).  
EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.  
ALL NON PAR PROVIDER REQUESTS REQUIRE AUTHORIZATION REGARDLESS OF SERVICE.**

- **Anesthesia:**
  - Dental Anesthesia –Medicaid (STAR) child 0-6 years old (Please include DMO Provider Determination Letter)
- **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)**
- **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:** Skilled Nursing after initial evaluation plus six (6) visits per calendar year. PT/OT/ST after initial evaluation.
- **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 (LTSS):** (Not a Medicare covered benefit) All LTSS Services require PA regardless of code(s)
- **Neuropsychological and Psychological Testing**
- **Nursing Facility Membership-** require authorization for all add on services
- **Nutritional Supplements & Enteral Formulas**
- **Non-Par Providers/Facilities:** PA is required for Office visits, procedures, labs, diagnostic studies, inpatient stays except for:
  - Emergency Department services
- **Non-Par Providers/Facilities:** (continued)
  - Professional fees associated with ER visit, approved
  - Ambulatory Surgery Center (ASC) or inpatient stay
  - Local Health Department (LHD) service
  - Radiologists, anesthesiologists, and pathologists professional services when billed for POS 19, 21, 22, 23 or 24 (except for dental anesthesia for STAR children)
  - PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting
  - Other services based on state requirements
- **Occupational Therapy:** After initial evaluation
- **Office Visits & Office-Based Procedures for PAR providers do not require authorization, unless specifically included in another category (i.e. advanced imaging) that require authorization even when performed in a PAR provider’s office.**
- **Outpatient Hospital Surgery/Ambulatory Surgery Center (ASC) Procedures**
- **Pain Management Procedures in all settings:** Except trigger point injections
- **Physical Therapy:** After initial evaluation
- **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
- **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.

**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

## Molina Healthcare of Texas

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**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 or for Advanced Imaging discussion contact our toll free number: 855-714-2415.

#### 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]  
*LTSS Authorizations:* Fax: 1 [844-304-7127]  
**Radiology Authorizations:**  
 Phone: 1 [855-714-2415] Fax: 1 [877-731-7218]  
**NICU Authorizations:**  
 Phone: 1 [855-322-4080] Fax: 1 [866-420-3639]  
**Pharmacy Authorizations:**  
*Medicaid/CHIP:* 1 [866-449-6849] Fax: 1 [888-487-9251]  
*MMP/Medicare:* 1 [800-665-3086] Fax: 1 [866-290-1309]  
*Medicare J Code Requests* Fax: 1 [844-251-1450]  
*MMP J Code Requests* Fax: 1 [844-251-1451]  
**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](http://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 status**
- **Claims submission and status**
- **Member Eligibility**
- **Provider Directory**

**\*\*Need help with Provider Portal email [MHTXproviderservices@molinahealthcare.com](mailto:MHTXproviderservices@molinahealthcare.com)\*\***