

**Molina Healthcare of Utah
Marketplace
Prior Authorization/Pre-Service Review Guide
Effective: 01/01/2016**

**Use the Molina web portal for faster turnaround times.
Contact Provider Services for details**

*****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
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

● **Home Healthcare and Home Infusion:** After initial evaluation plus six (6) 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.**

● **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 plus twenty (20) for office, outpatient and home settings.

● **Office-Based Procedures do not require authorization, unless specifically included in another category (i.e. advanced imaging) that requires authorization even when performed in a participating provider's office.**

● **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 plus twenty (20) visits for office, outpatient and home settings.

● **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 website or portal for specific codes that require authorization

● **Sleep Studies:** Except for Home Sleep Studies

● **Specialty Pharmacy drugs (oral and injectable):** Refer to Molina's Provider website or portal for specific codes that require authorization

● **Speech Therapy:** After initial evaluation plus six (6) visits for outpatient and home settings

● **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)

● **Transportation:** non-emergent air transportation

● **Unlisted & 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.

***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.**

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKETPLACE PROVIDERS

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 1 (888) 483-0760

Important Molina Healthcare Marketplace Information

Prior Authorizations: 8:00 a.m. – 5:00 p.m.
Phone: 1 (855) 322-4081 Fax: 1 (844) 541-6796

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:
Phone: 1 (855) 322-4081 Fax: 1 (866) 497-7448

Behavioral Health Authorizations:
Phone: 1 (855) 322-4081 Fax: 1 (866) 472-0589

Transplant Authorizations:
Phone: 1 (855) 714-2415 Fax: 1 (877) 731-7218

Member Customer Service Benefits/Eligibility:

Phone: 1 (888) 858-3973
TTY/TDD: 1 (800) 346-4128

Provider Customer Service: 8:00 a.m. – 5:00 p.m.
Phone: 1 (855) 322-4081

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]

Providers may utilize Molina Healthcare's ePortal 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**

**Molina Healthcare of Utah
Marketplace
Prior Authorization Request Form**
Phone Number: 1 (855) 322-4081
Fax Number: 1 (844) 541-6796

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Marketplace	<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.**

~ All information below is required to process your request ~

REFERRAL/SERVICE TYPE REQUESTED			
Inpatient <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <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 <input type="checkbox"/> Other: </div> <div> <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Hyperbaric Therapy </div> </div>	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office	

PROCEDURE INFORMATION			
*ICD-10 Diagnosis Code & Description:			
*CPT/HCPC Code & Description:			
*Number of visits requested:		*DOS: from	to
		/ /	/ /
ORDERING/REFERRING PHYSICIAN INFORMATION			
*Name:		Contact Name:	
Address:			
*TIN/NPI:	*Phone #: () -	*Fax #: () -	
RENDERING FACILITY/PROVIDER INFORMATION			
*Name:			
Address:			
*TIN/NPI:	*Phone #: () -	*Fax #: () -	

Clinical notes and supporting documentation is required to review for medical necessity

For Molina Use Only: