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 Medicaid and Medicare Members – excludes Marketplace
Refer to Molina's 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.
  - Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462
- **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:** 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)
- **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

- **Office Visits and 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 (Acupuncture is not a Medicare covered benefit)
- **Pregnancy and Delivery:** notification only
- **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
- **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 ambulance (ground and air)
- **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. (Medicaid benefit only)

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID and 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, 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 (888) 483-0760

Important Molina Healthcare Medicaid and Medicare Information

Medical Prior Authorizations: 9:00 a.m. – 5:00 p.m.
Phone: Molina Medicaid/CHIP/Medicare (888) 483-0760
     Healthy Advantage (866) 472-9479
Fax: Molina: (866) 472-0589 (Medicaid/CHIP)
        (866) 504-7262 (Medicare)
        (866) 472-9481 (Healthy Advantage)
Radiology Authorizations:
Phone: (855) 714-2415 Fax: (877) 731-7218
NICU Authorizations:
Phone: (855) 714-2415 Fax: (877) 731- 7218
Pharmacy Authorizations:
Medicaid/CHIP: Phone: (888) 483-0760
        Fax: (801) 245-3879
Medicare: Phone: (888) 665-1328
        Fax: (866) 290-1309
Behavioral Health Authorizations: CHIP inpatient only/Medicare and Healthy Advantage
(888) 483-0760
Transplant Authorizations:
Phone: (855) 714-2415 Fax: (877) 731-7218
Member Customer Service Benefits/Eligibility:
Medicaid/CHIP: (888) 483-0760
    TTY/TDD: (800) 346-4128
Molina Medicare: (888) 665-1328 **TTY TDD: 711**
Healthy Advantage: (877) 644-0344 **TTY/TDD: 711**

Provider Customer Service: 9:00 a.m. – 5:00 p.m.
Phone: Molina Medicare: (888) 665-1328
     Healthy Advantage: (866) 472-9479
24 Hour Nurse Advice Line
English: (888) 275-8750 [TTY: 1-866/735-2929]
Spanish: (866) 648-3537 [TTY: 1-866/833-4703]
Vision Care: March Vision Services (Molina Medicare only)
     Phone: (888) 493-4070
     Fax: (877) 627-2488
Healthy Advantage vision call Customer Service:
     (877) 644-0344
Dental:
Medicaid: (801) 538-6155
CHIP: (801) 483-0760
Medicare & Healthy Advantage: Avesis (855) 214-6779
Transportation:
Medicaid: (801) 538-6155
CHIP: (801) 483-0760
Medicare: LogistiCare (866) 383-4153
Hearing – Medicare Supplemental Benefit
Medicare: Avesis (800) 327-4462
Healthy Advantage: (877) 644-0344

Providers may utilize Molina Healthcare's eWeb at: www.molinahealthcare.com
Available features include:
- **Authorization submission and status**
- **Download Frequently used forms**
- **Provider Directory**
- **Claims submission and status**
- **Member Eligibility**
- **Nurse Advice Line Report**

Molina Healthcare of Utah
Molina Medicaid, Medicare/Healthy Advantage
Prior Authorization Request

Molina Healthcare/Molina Medicare
Phone: (888) 483-0760
Advance Imaging Fax: (877) 731-7218
Medical Authorizations Fax:
Medicaid/CHIP: (866) 472-0589
Medicare: (866) 504-7262

Healthy Advantage
Phone: (866) 472-9479
Advance Imaging Fax: (877) 731-7218
Medical Authorizations Fax: (866) 472-9481

MEMBER INFORMATION			
Plan:	☐ **Molina Medicaid/CHIP**	☐ **Molina Medicare**	☐ **Healthy Advantage**
Member Name:		**DOB:**	/ /
Member ID#:		**Phone:**	( ) -
Service Type:	☐Elective/Routine	☐Expedited/Urgent*	

*Definition: Treatment requested is to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function.

==If request is outside of this definition it should be submitted as Elective/Routine.==

*Required Information to Process Request

*Referral/Service Type Requested			
Inpatient ☐ Surgical procedures ☐ ER Admits ☐ SNF ☐ Rehab ☐ LTAC	**Outpatient** ☐ Surgical Procedure ☐ Imaging ☐ Hyperbaric Therapy ☐ Infusion Therapy	**Mental Health** ☐ Emergent Admission ☐ Planned Inpatient ☐ PHP ☐ IOP ☐ Chemical Dependency ☐ Office Visits	**Home Health** ☐ Skilled Services (ST & Habilitative) ☐ Custodial/Supportive (HHA) ☐ Home Infusion **DME** ☐ Wheel Chair - Purchase/Repair ☐ Enteral Formula/Supplies ☐ Prosthetic/Orthotic ☐ Office Procedure/Visit

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: