MOLINA HEALTHCARE

Molina Healthcare of Washington
Marketplace Prior Authorization/Pre-Service Review Guide
Effective: 1/1/2016

Use Clear Coverage 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 Marketplace Members

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)
- **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
- **Habilitative Therapy –** After initial evaluation plus six (6) visits for outpatient and home settings (covered only for qualifying diagnosis)
- **Home Healthcare & Home Infusion:** After 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, 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
- **Office Visits and Procedures at PAR providers do not require prior authorization:** Refer to Molina's Provider website or portal for specific codes that 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**
- **Occupational Therapy/Physical Therapy/ Speech Therapy** Require authorization after initial evaluation plus 25 combined visits per calendar year.
- **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 (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
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)
- **Transportation:** non-emergent ambulance (ground and air) ** For Covered Plans (Standard Renewal Plans, Not Choice Plans)
- **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.

MOLINA HEALTHCARE

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKETPLACE

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 (425) 398-2603

Important Molina Healthcare Marketplace Information	
Prior Authorizations: 8:00 a.m. – 5:00 p.m. Phone: (800) 869-7165 Fax: (800) 767-7188 **Radiology Authorizations:** Phone: (855) 714-2415 Fax: (877) 731-7218 **NICU Authorizations:** Phone: (855) 714-2415 Fax: (877) 731-7218 **Pharmacy Authorizations:** Phone: (800) 869-7185 Fax: (800) 869-7791 **Behavioral Health Authorizations:** Phone: (800) 869-7185 Fax: (800) 767-7188 **Transplant Authorizations:** Phone: (855) 714-2415 Fax: (877) 731-7218 **Member Customer Service Benefits/Eligibility:** Phone: (888) 858-3492 Fax: (800) 816-3778 TTY/TDD: #711	**Provider Customer Service:** 8:00 a.m. – 5:00 p.m. Phone: (888) 858-5414 Fax: (877) 814-0342 **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:** Phone: (888) 493-4070 Fax: (866) 772- 0285 **Dental:** Phone: (800) 869-7185 Fax: (866) 772-0285 **Transportation:** Phone: (800) 869-7185 Fax: (800) 767-7188

Providers may utilize Molina Healthcare's eWeb at: www.molinahealthcare.com
Available features include:

- **Electronic authorization submission and status through Clear Coverage application with potential for automatic approval at the time of submission https://eportal.molinahealthcare.com/Provider/Login**
- **Claims Submission and Status**
- **Download Frequently Used Forms**
- **Member Eligibility**
- **Provider Directory**
- **Nurse Advice Line Report**

Molina Healthcare of Washington
Marketplace Prior Authorization Request Form
Phone Number: (800) 869-7185
Fax Number: (800) 767-7188

MEMBER INFORMATION			
Plan:		☐ **Molina Marketplace**	
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 ☐ Infusion Therapy ☐ Other:	☐ PT/OT/STHabilitative Therapy ☐ Hyperbaric Therapy	☐ **Home Health** ☐ **DME** ☐ **In Office**
Diagnosis Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested:		DOS:	From: / / to / /

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	( ) -	Fax Number:	( ) -

For Molina Use Only: