

**Molina Healthcare of Wisconsin
Prior Authorization/Pre-Service Review Guide
Effective: 07/01/2013**

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Members.
*** Referrals to Network Specialists do not require Prior Authorization ***

**Prior Authorization (PA) required for services listed below.
Pre-Service Review is required for elective services.**

Only covered services will be paid.

- | | |
|---|---|
| <ul style="list-style-type: none"> ● All Non-Par providers/services: services, including office visits provided by non-participating providers, facilities and labs, except professional services for ER visit, approved Ambulatory Surgical Center or inpatient stay. ER visits do not require PA. ● All Inpatient Admissions: Acute hospital, SNF, Rehab, LTACS and Hospice. ● Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services – Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP), ECT, and > 20 Office Visits/year for adults and children. ● Cardiac Rehabilitation and Pulmonary Rehabilitation. ● Cosmetic, Plastic and Reconstructive Procedures in any setting: which <u>are not usually covered benefits include, but are not limited to,</u> tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, and surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation or dermabrasion, botox injections, etc. ● Dental General Anesthesia: > 7 years old or per state benefit. ● Dialysis: notification only. ● Diapers and Incontinence products. ● Durable Medical Equipment/Orthotics/Prosthetics: <ul style="list-style-type: none"> ○ > \$500 allowed amount per line item. ○ All C-Pap and Bi-PAP. ○ All Orthopedic footwear/orthotics/foot inserts. ○ All customized orthotics, prosthetics, wheelchairs & braces. ● Enteral Formulas & Nutritional Supplements. ● Experimental/Investigational Procedures. ● Genetic Counseling and Testing NOT related to pregnancy. ● Hearing Aids: including anchored hearing aids. ● Home Healthcare: after 3 skilled nursing visits. ● Home Infusion. ● Imaging: CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, intimal media thickness testing, three dimensional imaging. All requests must be faxed to 877.731.7218. | <ul style="list-style-type: none"> ● LTC Services: e.g., Personal Attendant Services (PAS), Personal Care Services and Day Adult Health Services (DAHS). ● Neuropsychological and Psychological Testing and Therapy. ● Occupational Therapy: Prior authorization is required after the initial eval plus 6 visits for outpatient setting and initial eval plus 3 visits for home setting. ● Office-Based Surgical Procedures do not require auth except for Podiatry Surgical Procedures (excluding routine foot care). ● Outpatient Hospice & Palliative Care: notification only. ● Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: Visit the Molina website at www.molinahealthcare.com for a listing of procedures that do NOT require PA if performed in a participating ASC or Outpatient Hospital. ● Pain Management Procedures: including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture. ● Physical Therapy: Prior authorization is required after the initial eval plus 6 visits for outpatient setting and initial eval plus 3 visits for home setting. ● Pregnancy and Delivery: notification only. ● Sleep Studies. ● Speech Therapy. ● Specialty Pharmacy: Synagis only. ● Transplant Services: Kidney and cornea transplants including the evaluation. ● Transportation: air ambulance. ● Unlisted and miscellaneous codes > \$500 billed charges per line item. ● Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy. |
|---|---|

* Sterilizations require consent form signed 30 days prior to surgery and must be submitted with the claim.
* Abortion certification form must be submitted with the claim.
* Hysterectomy form must be submitted with the claim.

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE/MOLINA 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 or fax. 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 414-755-6662. For Advanced Imaging medical necessity decisions, please contact 855-714-2415.

Prior Authorizations (both Medical and Behavioral Health):

8:00 a.m. – 5:00 p.m.
 Phone: 888-999-2404
 Fax: 877-708-2117

Advanced Imaging – Radiology Authorizations effective 1/14/2013:

Phone: 855-714-2415
 Fax: 877-731-7218

Pharmacy Authorizations - Carved out to the State:

Phone: 800-947-9627

Member Customer Service Benefits/Eligibility:

Phone: 414-847-1776 or 888-999-2404
 Fax: 414-847-1778
 TTY/TDD: 711

Provider Customer Service:

8:00 a.m. – 5:00 p.m.
 Phone: 414-847-1776
 Fax: 414-847-1778

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 - Herslof Optical Company:

Phone: 414-760-7400 or 414-462-3101
 If outside 414 area: 800-822-7228 or 800-796-6296

Dental - DentaQuest:

Phone: 262-387-3679 or 888-307-6563
 TDD: 800-466-7566

Transportation:

Phone: 866-907-1493

Providers may utilize Molina Healthcare's ePortal at: www.Molinahealthcare.com.

Available features include:

- Authorization submission and status.
- Claims submission and status (for dates of service 2/01/2012 forward).
- Download frequently used forms.
- Member Eligibility.
- Provider Directory.
- Nurse Advise Line Report.