



# Molina Healthcare of Florida, Inc.

## Prior Authorization/Pre-Service Review Guide

### Effective 08-01-10

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Members.

<b>For the following programs:</b> Medicaid	
<b>Prior Authorization/Pre-Service Review is required for:</b>	<b>Prior Authorization/Pre-Service Review is required for:</b>
<ul style="list-style-type: none"><li>• <b><i>All non-participating providers</i></b></li><li>• <b>Alcohol and Chemical Dependency Treatment</b> - refer to Magellan Health Services</li><li>• <b>Behavioral Health</b> – refer to Magellan Health Services</li><li>• <b>C-PAP and Bi-Pap devices</b></li><li>• <b>Chiropractic Care &gt; 24 visits/year &lt; age 21</b></li><li>• <b>Durable Medical Equipment/Medical Supplies:</b> if &gt;\$250 reimbursement per line item</li><li>• <b>Experimental/investigational services/cosmetic procedures</b></li><li>• <b>Formula &amp; Nutritional Supplements</b></li><li>• <b>Genetic testing and counseling</b></li><li>• <b>Glucometers</b></li><li>• <b>Hearing aids in excess of 1 every 3 years</b></li><li>• <b>Home Healthcare, Home Infusion</b></li><li>• <b>Imaging – CT, MRIs, PET and SPECT</b></li><li>• <b>Injectable drugs</b> Refer to drug formulary for list of injectable medications requiring prior authorization on the Molina website at <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>. Go to Florida specific page. (Examples are: Botox, Myozyme, Flolan, Remoudulin, Synagis, Xolair, injectable medications supplied from pharmacies)</li></ul>	<ul style="list-style-type: none"><li>• <b>Inpatient Hospitalizations/Surgeries</b> (including Acute Rehab, Skilled Nursing Facility, Observation Stays)</li><li>• <b>Negotiated Rates for Ground &amp; Air Transportation</b></li><li>• <b>Neuropsychological testing</b></li><li>• <b>Orthotic and prosthetics:</b> if &gt;\$250 reimbursement per line item</li><li>• <b>Outpatient Surgery &amp; Procedures in Hospital or Ambulatory Surgery Center (ASC)</b> - <b>Note:</b> cardiac catheterizations, nerve blocks, sterilizations*, tonsillectomy, adenoidectomy, myringotomy, tympanoplasty, and all endoscopic procedures do not require authorization.</li><li>• <b>Pain Management Programs</b></li><li>• <b>Physical/Occupational/Speech Therapy</b> – except for evaluations</li><li>• <b>Pregnancy ultrasound &gt; 3 regardless of diagnosis</b></li><li>• <b>All pregnancy transvaginal ultrasounds</b></li><li>• <b>Sleep Studies</b></li><li>• <b>Transplant Evaluation or Procedures</b></li><li>• <b>Unclassified drugs (J3490, J3590, J9999)</b></li><li>• <b>Unlisted procedures</b></li><li>• <b>Voluntary Termination of Pregnancy*</b> (covered only in cases of rape/incest or danger of death to the mother)</li></ul>
<ul style="list-style-type: none"><li>• *Sterilizations require consent form signed 30 days prior to surgery.</li><li>• *Abortion certificate form must be submitted with the claim.</li><li>• *Hysterectomy form must be submitted with the claim.</li></ul>	

**Authorization for elective services should be requested with supporting clinical documentation at least 14 days prior to the requested service. Authorization for emergent services should be requested within one business day. Information generally required to support decision making includes:**

- 
- ICD-9 and CPT Codes appropriate for the services requested
- Current (up to 6 months), adequate patient history related to the requested services
- Lab or radiology results to support the request (Including previous MRI, CT Lab or X-ray report/results)
- PCP or Specialist progress notes or consultations
- Any other information or data specific to the request

**CLAIMS PAYMENT IS CONTINGENT UPON MEMBER ELIGIBILITY FOR DATE OF SERVICE, APPROPRIATE CODING & BENEFIT LIMITATION**



**Molina Healthcare of Florida, Inc.**  
**Prior Authorization/Pre-Service Review Guide**  
**Effective 08-01-10**

Molina Healthcare will process any “non-urgent” request in no more than 14 calendar days of the initial request. “Urgent” requests will be processed within 72 hours of the initial request.

Providers who request prior authorization approval for patient services and/or procedures can request to review the criteria used to make the final decision. Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician at (866) 472-4585.

**Important Molina Healthcare Numbers and Website**

**Prior Authorizations (UM): 8:00 am – 5:30 pm**

Phone: (866) 472-4585

Fax: (866) 422-6445

**Pharmacy Authorizations:**

Phone: (866) 472-4585

Fax: (866) 236-8531

**Behavioral Health Authorizations: Magellan Health Services:**

Phone: (800) 297-7821

**Member Customer Service Benefits/Eligibility:**

Phone: (866) 472-4585

Fax: (866) 422-6445

**Provider Customer Service: 8:00 am – 7:00 pm**

Phone: (866) 472-4585

Fax: (866) 422-6445

**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: March Vision Care:**

Phone: (888) 493-4070

**DentaQuest: Authorizations**

Phone: (888) 696-9541

Fax: (262) 241-7150 or (888) 313-2883

**Medical Transportation Management:  
(Broward County only)**

Phone: (888) 240-6596

Providers may utilize Molina Healthcare’s ePortal at [www.molinahealthcare.com](http://www.molinahealthcare.com)

**Available features include:**

- **Authorization submission and status**
- **Claims submission and status (EDI only)**
- **Download Frequently used forms**
- **Member Eligibility**
- **Provider Directory**
- **Nurse Advice Line Report**