

Molina Healthcare of Illinois

Prior Authorization/Pre-Service Review Guide

Effective: 04/01/2014



This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare, Molina Medicare and Molina Dual Options Members.

Referrals to Network Specialists do not require Prior Authorization
 Office visits to contracted (par) providers do not require Prior Authorization

Authorization required for services listed below.
 Pre-Service Review is required for elective services.

Only covered services are eligible for reimbursement

- | | |
|--|--|
| <ul style="list-style-type: none"> Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services: Inpatient, Partial hospitalization, Day Treatment, Residential, Intensive Outpatient Programs (IOP), Electroconvulsive Therapy (ECT). Chiropractic Services Cosmetic, Plastic and Reconstructive Procedures (in any setting): which <u>are not usually covered</u> benefits include but are <u>not</u> limited to: tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation, dermabrasion, botox injections, etc. Dental General Anesthesia: > 18 years old (Not a Medicare covered benefit) Dialysis: notification only Durable Medical Equipment: Refer to Molina's website for specific codes that require authorization. <ul style="list-style-type: none"> 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: After 3 skilled nursing visits Home Infusion Hospice & Palliative Care: notification only. Imaging: CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, Intimal Media Thickness Testing, Three Dimensional (3D) Imaging Long Term Services and Supports: (per state benefit) e.g., Personal Attendant Services (PAS), Personal Care Services, Day Adult Health Services (DAHS). Not a Medicare covered benefit Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only) Neuropsychological and Psychological Testing and Therapy Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> Emergency Department services Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay Women's Health, Family Planning and Obstetrical Services Child and Adolescent Health Center Services Local Health Department (LHD) services Other services based on state requirements | <ul style="list-style-type: none"> Nutritional Supplements & Enteral Formulas Occupational Therapy: After initial evaluation for outpatient and home settings Office-Based Surgical Procedures do not require authorization except for Podiatry Surgical Procedures (excluding routine foot care) Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: Refer to Molina's website for specific codes that are EXCLUDED from authorization requirements Pain Management Procedures: including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture (Acupuncture is not a Medicare covered benefit) Physical Therapy: After initial evaluation for outpatient and home settings Pregnancy and Delivery: notification only Prosthetics/Orthotics: Refer to Molina's website for specific codes that require authorization. Includes but not limited to: <ul style="list-style-type: none"> Orthopedic footwear/orthotics/foot inserts Customized orthotics, prosthetics, braces Rehabilitation Services: Including Cardiac, Pulmonary, and Comprehensive Outpatient Rehab Facility (CORF). CORF Services for Medicare only Sleep Studies Specialty Pharmacy drugs (oral and injectable) used to treat the following disease states, but not limited to: Anemia, Crohn's/ Ulcerative Colitis, Cystic Fibrosis, Growth Hormone Deficiency, Hemophilia, Hepatitis C, Immune Deficiencies, Multiple Sclerosis, Oncology, Psoriasis, Pulmonary Hypertension, Rheumatoid Arthritis, and RSV prophylaxis (Refer to Molina's website for specific codes that require authorization) Speech Therapy: After initial evaluation for outpatient and home settings Transplant Evaluation and Services including Solid Organ and Bone Marrow (Cornea transplant does not require authorization) Transportation: non-emergent ambulance (ground and air) Unlisted and 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. Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy |
|--|--|

BJC Healthcare: All services including inpatient and outpatient services at the following hospitals: Barnes-Jewish Hospital, Barnes-Jewish St. Peters Hospital, Barnes-Jewish West County Hospital, Boones Hospital, Christian Hospital, Missouri Baptist Medical Center, Missouri Baptist Sullivan Hospital, Parkland Health Center, Progress West Hospital, St. Louis Children's Hospital, and The Rehabilitation Institute of St. Louis.

Washington University Physicians: All physician services

***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

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 (855) 866-5462.

Important Molina Healthcare Information	
Prior Authorizations: 8:00 a.m. – 5:00 p.m. Phone: (855) 866-5462 Fax: (866) 617-4971 Radiology Authorizations: Phone: (855) 866-5462 Fax: (877) 731-7218 OB/NICU Authorizations: Phone: (855) 866-5462 Fax: (877) 731-7218 Pharmacy Authorizations: Medicaid Phone: (855) 866-5462 Medicaid Fax: (855) 365-8112 Medicare Phone: (888) 665-1328 Medicare Fax: (866) 290-1309 MMP Phone: (877) 901-8181 MMP Fax: (866) 290-1309 Behavioral Health Authorizations: Phone: (855) 866-5462 Fax: (866) 617-4971 Transplant Authorizations: Phone: (855) 866-5462 Fax: (877) 731-7218 Member Services: Medicaid Phone: (855) 766-5462 Medicare Phone: (855) 966-5462 MMP Phone: (877) 901-8181 TTY: 711	Provider Services: 8:00 a.m. – 5:00 p.m. Phone: (855) 866-5462 24-Hour Nurse Advice Line English: (888) 275-8750 [TTY: (866) 735-2929] Spanish: (888) 648-3537 [TTY: (866) 833-4703] Vision Care: Phone: (888) 493-4070 Dental: Medicaid Phone: (866) 857-8124 Medicare Phone: (800) 327-4462 MMP Phone: (855) 704-0433 Transportation: Medicaid Phone: (877) 917-8164 Medicare Phone: (866) 475-5423 MMP Phone: (877) 659-8409

**MMP is an abbreviation for Medicare-Medicaid Plan (Molina Dual Options)*

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

Available features include:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Authorization submission and status • Claims submission and status (EDI only) • Download Frequently used forms | <ul style="list-style-type: none"> • Member Eligibility • Provider Directory • Nurse Advice Line Report |
|--|--|

Molina Healthcare Prior Authorization Request Form



Phone Number: (855) 866-5462

Prior Authorization Fax Number: (866) 617-4971

Fax Number for Radiology and Advanced Imaging: (877) 731-7218

Member Information

Plan: ☐ Molina Medicaid ☐ Molina Medicare ☐ Molina Dual Options (Medicare-Medicaid Plan)

Member's Name: _____

DOB: ____/____/____

Member's ID#: _____

Member Phone #: _____

Service Is: ☐ 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 <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Chiropractic <input type="checkbox"/> Wound Care <input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Home Health
		<input type="checkbox"/> DME
		<input type="checkbox"/> In Office

Diagnosis Code & Description: _____

CPT/HCPC Code & Description: _____

Number of visits requested: _____ Date(s) of Service: _____

Please send clinical notes and any supporting documentation

Provider Information

Requesting Provider Name: _____

Facility Providing Service: _____

Servicing Provider NPI: _____

Contact at Requesting Provider: _____

Phone Number: _____ Fax Number: _____

For Molina Use Only:

A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits remains subject to all terms, conditions, limitations, and exclusions of the member's benefit plan at the time of service.