

Authorization Review

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This policy addresses claims related to lack of authorization, denied authorization, or incorrect authorization. Molina Healthcare retains the right to conduct post-payment audits for procedures and diagnoses requiring authorization, as outlined in the Molina provider manual. Providers are expected to follow the authorization billing guidelines found in their contract and provider manual.

Reimbursement Guidelines

Prior authorization requests do not guarantee payment. Services performed without the required authorization will not be reimbursed. Claims submitted outside of the proper authorization process are subject to denial or recoupment.

Supplemental Information

Definitions

Term	Definitions
CMS	Centers for Medicare & Medicaid Services: This is a federal agency within the U.S. Department of Health and Human Services. It administers the Medicare program and works with state governments to manage Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
Authorization	Prior authorization in health care is a requirement that a healthcare provider (such as your primary care physician or a hospital) gets approval from your insurance plan before prescribing you medication or doing a medical procedure.

State Exceptions

State	Exception
Idaho	Specialty Care Prior Authorization Prior authorization and referrals are not required for members seeking care from participating Molina specialty physicians and providers. Prior authorization is required for members to seek care from specialty physicians and providers who are not members of the Molina network.

Information regarding authorization located on the Molina website at [Molina Health Care](#)

Documentation History

Type	Date	Action
Initial Creation Date	06/01/2022	New Policy
Revised Date	12/17/2024	Updated template and added additional links for reference
Revised Date	08/28/2025	Updated template and refreshed links; removed Virginia information. Removed Nebraska State Exception information.
Revised Date	09/11/2025	Changed Initial Creation Date to 06/01/2022.

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.