

Prior Authorization LookUp Tool



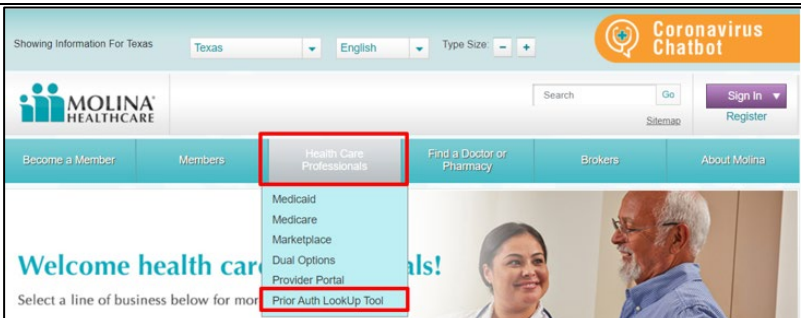
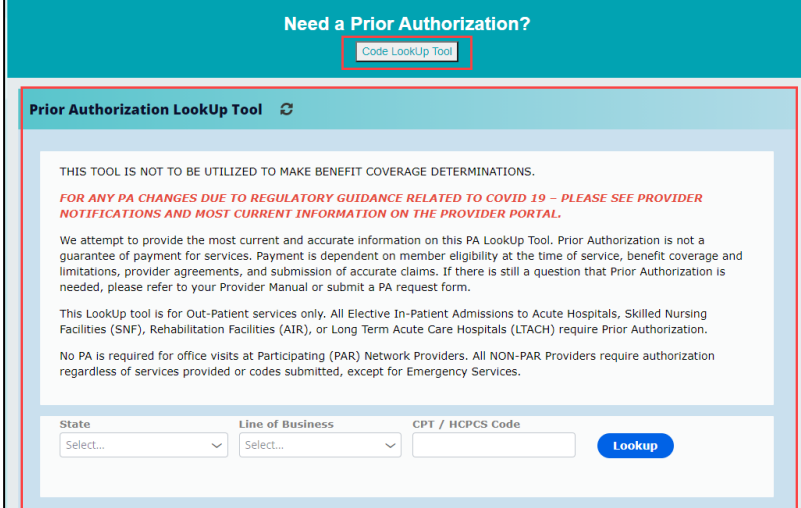
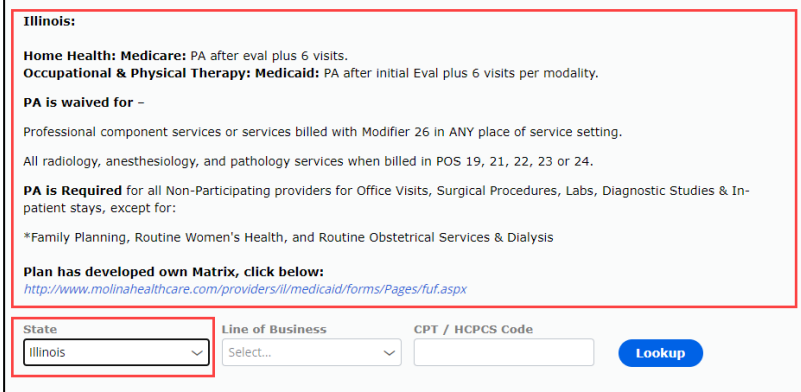
REFERENCE GUIDE

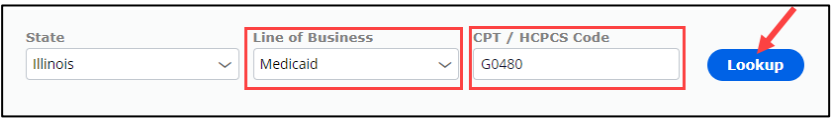
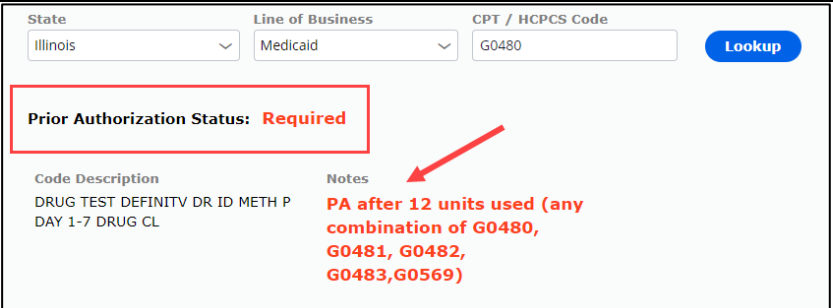
Purpose:

The **Prior Authorization (PA) LookUp Tool** is an interactive tool to assist Providers, Members, & Staff in determining if a prior authorization request:

- Requires a Prior Authorization
- Does Not Require a Prior Authorization
- Is Not a Covered Benefit
- Is Delegated to eviCore

NOTE: The tool is configured to match the MHI Codification Matrix (including all State Exceptions)

<p>Step 1:</p> <p>Go to the Molina Healthcare Website and Select Prior Auth LookUp Tool from the Health Care Professionals dropdown</p>	
<p>Step 2:</p> <p>Select Code LookUp Tool from Need a Prior Authorization section</p>	
<p>Step 3:</p> <p>Select applicable State from the dropdown → State-Specific disclaimer will populate</p>	 <p>Illinois:</p> <p>Home Health: Medicare: PA after eval plus 6 visits. Occupational & Physical Therapy: Medicaid: PA after initial Eval plus 6 visits per modality.</p> <p>PA is waived for –</p> <p>Professional component services or services billed with Modifier 26 in ANY place of service setting. All radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24.</p> <p>PA is Required for all Non-Participating providers for Office Visits, Surgical Procedures, Labs, Diagnostic Studies & In-patient stays, except for:</p> <p>*Family Planning, Routine Women's Health, and Routine Obstetrical Services & Dialysis</p> <p>Plan has developed own Matrix, click below: http://www.molinahealthcare.com/providers/il/medicaid/forms/Pages/fuf.aspx</p>

<p>Step 4: Select Line of Business and enter CPT / HCPCS Code and select Lookup</p>	
<p>Step 5 Prior Authorization Status will populate and any applicable Notes</p>	
<p>Step 5 Possible Prior Auth Status outputs include:</p> <ul style="list-style-type: none"> • Required • Non-Covered • No Prior Authorization Required • Required by eviCore • Cannot Be Determined • Invalid Code <p><i>NOTE: The tool is configured to match the <u>MHI Codification Matrix</u> (including all State Exceptions)</i></p>	<p>Required</p> <p>Non-Covered: The code entered does not appear to be a covered benefit. If in doubt, please submit a Prior Authorization request.</p> <p>No Prior Authorization Required</p> <p>Required by eviCore: eviCore Healthcare performs utilization management services on behalf of Molina Healthcare for this code. Please submit your Prior Authorization request directly to eviCore at www.eviCore.com or you may call eviCore at (888)333-8144. Approval of a code by eviCore does not guarantee benefit coverage.</p> <p>Cannot Be Determined: Prior Authorization Status Cannot Be Determined. Please review applicable regulatory requirements. If information is not clear please submit a Prior Authorization request.</p> <p>This appears to be an inaccurate code. Please re-enter a valid code or submit a Prior Authorization Request.</p>