PASSPORT HEALTH PLAN
BY MOLINA HEALTHCARE

Authorization Review Guide
Effective: 01/01/2022

REFER TO PASSPORT HEALTH PLAN'S WEBSITE OR PRIOR AUTHORIZATION LOOK-UP TOOL/MATRIX FOR SPECIFIC CODES THAT REQUIRE AUTHORIZATION. ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

For coverage of codes, always refer to the Kentucky Department of Medicaid Services Fee Schedules at: Fee Schedules - Cabinet for Health and Family Services (ky.gov)

OFFICE VISITS TO CONTRACTED/PARTICIPATING (PAR) PROVIDERS & REFERRALS TO PARTICIPATING NETWORK SPECIALISTS DO NOT REQUIRE PRIOR AUTHORIZATION. EMERGENCY ROOM SERVICES/URGENT CARE DO NOT REQUIRE PRIOR AUTHORIZATION.

- **Advanced Imaging/Radiology/Specialty Tests**
- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Residential Treatment, Partial hospitalization, Day Treatment, Intensive Outpatient above 16 units, Targeted Case Management;
  - Electroconvulsive Therapy (ECT);
  - Applied Behavioral Analysis (A B AABA) – for treatment of Autism Spectrum Disorder (ASD).
  - Urine Drug Testing (UDT)-Authorization per DMS:
    - Presumptive UDT Codes: 80305, 80306 & 80307; The first 35 UDT do not require authorization and do not have a PA limit. Authorization is required prior to the 36th UDT.
    - Definitive UDT Codes: G0480, G0482, G0483, G0659; The first 16 UDT do not require authorization and do not have a PA limit. Authorization is required prior to the 17th UDT.
- **Cardiology:** Select Cardiology services are administered by New Century Health (NCH) for adults over the age of 18 only and prior authorization is required.
- **Cosmetic, Plastic and Reconstructive Procedures:** No PA required with Breast Cancer Diagnoses.
- **Durable Medical Equipment**
- **EPSDT Special Services**
- **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).
- **Healthcare Administered Drugs** (J-codes billed through Medical)
- **Home Healthcare Services (including home-based PT/OT/ST)** Evaluation and the first 6 skilled nursing visits per member per calendar year do not require prior authorization; Authorization is required prior to the 7th visit.
- **Hyperbaric/Wound Therapy**
- **Inpatient Admissions**-All Acute hospital elective and emergent, Long Term Acute Care (LTAC) Facility and Rehabilitation; Maternity and Newborns:
  - Authorization is only required if L O S exceeds two (2) days for NVD and four (4) days for C-Section
- **Miscellaneous & Unlisted Codes:** Passport Health Plan by Molina Healthcare 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.
- **Neuropsychological and Psychological Testing**
- **Non-Par Providers:** With the exception of some facility based professional services, receipt of ALL services or items from a non-contracted provider in all places of service require approval.
  - Local Health Department (LHD) services;
  - Hospital Emergency services
  - Evaluation and Management services associated with inpatient, ER, and observation stays
  - Radiologists, anesthesiologists, and pathologists' professional services when billed in POS 19, 21, 22, 23 or 24;
  - Other State mandated services.
- **Occupational, Physical & Speech Therapy** Evaluation and the first 20 visits for each discipline per member per calendar year do not require prior authorization; Authorization is required prior to the 21st visit.
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures**
- **Pain Management Procedures**
- **Prescribed Pediatric Extended Care (PPEC)**
- **Private Duty Nursing (PDN)**
- **Prosthetics/Orthotics**
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies** (No authorization is required when Sleep Study performed in the Home: POS 12)
- **Transplants/Gene Therapy, including Solid Organ and one Marrow** (Cornea transplant does not require authorization).
- **Transportation Services:** Non-emergent air transportation.

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 the claim.

Refer to the Department of Medicaid Service (DMS) CONSENT FOR STERILIZATION form.

IMPORTANT INFORMATION FOR PASSPORT HEALTH PLAN MEDICAID PROVIDERS

Timeframe for Review Submission:

- Providers are required to submit an Urgent/Emergent Inpatient Request **within one (1) business day** following admission to inpatient.
- Elective/Scheduled Inpatient and Outpatient Service, providers are required to submit an authorization request **prior to** the services being rendered
- For continued Inpatient Stay Review, providers are required to submit requests for additional days within 1 (one) day of the last covered day.

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 their ability to regain maximum function. Requests outside of this definition will be handled as routine/non-urgent.

Adverse Benefit Determinations (Denials):

- If a request for service 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 are also communicated to the provider by telephone, fax or electronic notification. Verbal, fax or electronic denials are given within one (1) business day of making the denial decision or sooner if required by the member's condition.
- Providers and members can request a copy of the criteria used to review requests for medical services.
- Passport Health Plan has a full-time Medical Director available to discuss medical necessity decisions (Peer-to Peer Review) with the requesting physician at (800) 578-0775 within five (5) business days of the denial.

IMPORTANT PASSPORT HEALTH PLAN UTILIZATION MANAGEMENT CONTACT INFORMATION	
(Service hours 8am to 5pm local Monday to Friday, unless otherwise specified)	
Prior Authorizations including Behavioral Health Authorizations: Phone: (800) 578-0775 Fax (833) 454-0641	**24 Hour Behavioral Health Crisis (7 days/week):** Phone: (844) 800-5154
Medical Pharmacy Authorizations (J-codes): Phone: (800) 578-0775 Fax: (844) 802-1406	**Dental:** Phone: (866) 678-7117 Website: www.avesis.com
Advanced Imaging (Radiology)/Special Tests: Phone: (855) 714-2415 Fax: (877) 731-7218	**Vision:** Phone: (844) 516-2724 Website: www.marchvisioncare.com
Provider Customer Service: Phone: (800) 578-0775	**Member Customer Service, Benefits/Eligibility:** Phone: (800) 578-0603/ TTY/TDD 711
Non-Emergency Medical Non-Ambulance Transportation: May be available through the Human Services Transportation Delivery (HSTD) Program	**Transplant Authorizations:** Phone: (855) 714-2415 Fax: (877) 813-1206
New Century Health (NCH): Cardiology Authorizations for adults over age Phone: (888) 999-7713 Website: https://my.newcenturyhealth.com	**24 Hour Nurse Advice Line (7 days/week)** Phone: (800) 606-9880/TTY: 711 Members who speak Spanish can press 1 at the IVR prompt. The nurse will arrange for an interpreter, as needed, for non-English/ Spanish speaking members. *No referral or prior authorization is needed.*

For Authorization fax forms, visit our website at:
Frequently Used Forms (molinahealthcare.com)

Providers may utilize Passport's Provider Portal - Availity Essentials: www.Availity.com. Available features include:

- Authorization submission and status
- Claims submission and status
- Member Eligibility
- Download Frequently used forms
- Provider Directory
