

**MOLINA® HEALTHCARE MEDICARE
PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 01/01/2021**

**FOR MMP MEDICAID, PLEASE REFER TO THE SOUTH CAROLINA MEDICAID PRIOR AUTHORIZATION GUIDE
FOR ADDITIONAL PRIOR AUTHORIZATION REQUIREMENTS**

**REFER TO MOLINA'S PROVIDER WEBSITE/PRIOR AUTHORIZATION LOOK-UP TOOL/MATRIX FOR
SPECIFIC CODES THAT REQUIRE AUTHORIZATION
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT**

**OFFICE VISITS TO CONTRACTED/PARTICIPATING PRIMARY CARE PROVIDERS DO NOT REQUIRE PA.
OFFICE VISITS TO NETWORK SPECIALISTS DO NOT REQUIRE A REFERRAL FROM A PARTICIPATING PRIMARY CARE PROVIDER.
EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.**

- **Advanced Imaging and Special Tests**
- **Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:**
 - Inpatient, Partial hospitalization;
 - Electroconvulsive Therapy (ECT).
- **Cosmetic, Plastic and Reconstructive Procedures:** No PA required with Breast Cancer Diagnoses.
- **Durable Medical Equipment and Medical Supplies**
- **Elective Inpatient Admissions:** Acute Hospital, Skilled Nursing Facilities (SNF), Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC) Facilities
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing**
- **Healthcare Administered Drugs**
 - For Medicare Part B drug provider administered drug therapies, please direct Prior Authorization requests to Novologix via the Molina Provider Portal. You may also fax in a prior authorization at 800-391-6437.
- **Hearing Aids**
- Benefit is only available from HearUSA participating providers, Contact HearUSA at (855) 823-4632 to schedule. Hearing aids require prior authorization
- **Home Healthcare Services (including home-based PT/OT/ST/SN)** All home healthcare services require authorization after initial evaluation plus first six (6) visits, per calendar year.
- **Hyperbaric Therapy/Wound Therapy**
- **Long Term Services and Supports:** Not a Medicare covered benefit. Provided under the MMP Medicaid benefit-services require authorization and coordination with SCDHHS.
- **Miscellaneous & Unlisted 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.
- **Neuropsychological and Psychological Testing.**
- **Non-Par Providers/Facilities:** PA is required for office visits, procedures, labs, diagnostic studies, inpatient stays except for:
 - Emergency and Urgently Needed Services;
 - Professional fees associated with ER visits and approved Ambulatory Surgery Center (ASC) or inpatient stays;
 - Dialysis when temporarily absent from service area;
 - Ambulance services dispatched through 911;
- PA is waived for all radiologists, anesthesiologists, and pathologists' professional services when billed in POS 19, 21, 22, 23 or 24;
- PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting.
- Prior Authorization is waived for all radiologists, anesthesiologists, and pathologists professional services when billed for POS 19, 21, 22, 23 or 24
- Prior Authorization is waived for professional component services or services billed with Modifier 26 in ANY place of service setting.
- **Occupational and Physical Therapy:** : PA required after Medicare therapy benefit threshold (\$2,110 for PT & ST combined and \$2,110 for OT) has been reached for office and outpatient settings.
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures.**
- **Pain Management Procedures including Acupuncture:** except trigger point injections.
- **Prosthetics/Orthotics**
- **Radiation Therapy and Radiosurgery**
- **Sleep Studies:** (Except Home (POS 12) sleep studies)
- **Speech Therapy:** Prior Authorization required after the initial evaluation plus six (6) visits for office and outpatient settings.
- **Supervised Exercise Therapy**
- **Transplants/Gene Therapy, including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization). **Kidney transplants** require authorization through SCDHHS contracted QIO (Quality Improvement Organization) named KePro. Fax such requests to (855) 300-0082. **Solid organ and bone marrow transplants** fax evaluation requests to Molina at (855) 237-6178.
- **Transportation:** non-emergent air and ground transportation.

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICARE PROVIDERS

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, fax or electronic notification. Verbal, fax, or electronic denials are given within one 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.
- Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician.

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

(Service hours 8am-5pm local M-F, unless otherwise specified)

	PHONE	FAX		PHONE	FAX
Prior Authorizations	(855) 237-6178	(844) 251-1451	Pharmacy Authorizations	(800) 665-3086	(866) 290-1309
Inpatient Admissions	(855) 237-6178	(844) 834-2152	Provider Services	(855) 237-6178 TTY/TDD: 711	N/A
Member Customer Service Benefits & Eligibility	Hours 8am-8pm (844) 526-3195 [TTY/TDD: 711]		Dental (Delta Dental)	(888) 237-6779 7932 [TTY: 711]	
Behavioral Health Authorizations	(855) 237-6178	(866) 423-3889	Hearing (HearUSA)	(800) 442-8231	N/A
Radiology Authorizations	(856) 714-2415, press 72 for South Carolina	(877) 731-7218	Meals (Mom’s Meals NourishCare PurFoods, LLC dba) Case Manager must enroll the member in the home delivered meal program giving them access to this benefit	Case Managers: (866) 224-9485	
Transplant Authorizations	(855) 237-6178	(877) 813-1206	Vision (March Vision Care)	(844) 946-2724	N/A
PERS (Best Buy Health, dba Critical Signal Technologies, Inc. (CST) <i>Benefit is covered for qualifying members when authorized/ordered by the Case Manager.</i>)	(888) 55.SIGAL (888) 557-4462 24 hours a day, 7 days a week	N/A	24 Hour Nurse Advice Line (7 days/week):	English: (844) 800-5155 / TTY: 1 (866) 735-2929 or 711 Spanish: (866) 648-3537 / TTY: 1 (866) 833-4703 or 711	

Transportation

(888) 616-4845 TTY: 711 or (866) 874-3972 or Press 1 for Ride Assist; otherwise stay on the line for assistance 24 hours a day, 7 days a week, 365 days a year for **URGENT/** same day appointments, facility DISCHARGES, and RIDE ASSIST Monday to Friday: 8 a.m. to 8 p.m. local time for **ROUTINE** reservations. Requests for ROUTINE reservations will not be accepted on national holidays. This does not apply to URGENT same day appointments, facility DISCHARGES, and RIDE ASSIST – these calls are 24 hours a day, 7 days a week, 365 days a year.
Facility Line: (877) 299-4811
Facility line is dedicated for use by plan representatives and/or facilities. Same hours as above

Providers may utilize Molina Healthcare’s Website at: <https://provider.molinahealthcare.com/Provider/Login>

Available features include:

- **Authorization submission and status**
- **Claims submission and status**
- **Member Eligibility**
- **Provider Directory**
- **Frequently used forms**
- **Nurse Advice Line Report**

**Molina® Healthcare, Inc. – Prior Authorization Service Request Form****EFFECTIVE: 01/01/2021****FAX (844) 251-1451 PHONE (855) 237-6178****MEMBER INFORMATION**

Line of Business:	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Marketplace	<input type="checkbox"/> Medicare	Date of Request:
State/Health Plan (i.e. CA):				
Member Name:				DOB (MM/DD/YYYY):
Member ID#:				Member Phone:
Service Type:	<input type="checkbox"/> Non-Urgent/Routine/Elective <input type="checkbox"/> Urgent/Expedited – Clinical Reason for Urgency Required: _____ <input type="checkbox"/> Emergent Inpatient Admission <input type="checkbox"/> EPSDT/Special Services			

REFERRAL/SERVICE TYPE REQUESTED

Request Type:	<input type="checkbox"/> Initial Request	<input type="checkbox"/> Extension/ Renewal / Amendment	Previous Auth#:
Inpatient Services:	Outpatient Services:		
<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Inpatient Transplant <input type="checkbox"/> Inpatient Hospice <input type="checkbox"/> Long Term Acute Care (LTAC) <input type="checkbox"/> Acute Inpatient Rehabilitation (AIR) <input type="checkbox"/> Skilled Nursing Facility (SNF) <input type="checkbox"/> Other Inpatient: _____	<input type="checkbox"/> Chiropractic <input type="checkbox"/> Dialysis <input type="checkbox"/> DME <input type="checkbox"/> Genetic/Genomic Testing <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Imaging/Special Tests	<input type="checkbox"/> Office Procedures <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Laboratory Services <input type="checkbox"/> LTSS Services <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Outpatient Surgical/Procedures <input type="checkbox"/> Pain Management <input type="checkbox"/> Palliative Care	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Transplant/Gene Therapy <input type="checkbox"/> Transportation <input type="checkbox"/> Wound Care <input type="checkbox"/> Other: _____

Primary ICD-10 Code:**Description:**

DATES OF SERVICE START	STOP	PROCEDURE/ SERVICE CODES	DIAGNOSIS CODE	REQUESTED SERVICE	REQUESTED UNITS/VISITS

PROVIDER INFORMATION

REQUESTING PROVIDER / FACILITY:					
Provider Name:		NPI#:		TIN#:	
Phone:		FAX:		Email:	
Address:		City:		State:	Zip:
PCP Name:			PCP Phone:		
Office Contact Name:			Office Contact Phone:		
SERVICING PROVIDER / FACILITY:					
Provider/Facility Name (Required):					
NPI#:		TIN#:		Medicaid ID# (If Non-Par):	
				<input type="checkbox"/> Non-Par <input type="checkbox"/> COC	
Phone:		FAX:		Email:	
Address:		City:		State:	Zip:

For Molina Use Only:

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, evidence of medical necessity and other applicable standards during the claim review.