

MOLINA® HEALTHCARE MEDICAID

PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE

EFFECTIVE: 12/01/2021

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

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

EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

- **Miscellaneous & Unlisted Codes:** Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, necessity documentation, pricing and rationale must be submitted with the prior authorization request.
- **Non-Par Providers/Facilities:** PA is required for office visits, procedures, labs, diagnostic studies, and inpatient stays
- **Pain Management Procedures**

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID PROVIDERS

PAIN SPECIFIC INFORMATION:

Including the following will facilitate a prompt review:

- **Previous year's injection history, with response (percentage and duration) to that treatment**
- **History of physical therapy to address this issue, or identified contraindication to physical therapy**
- **History and result of NSAID use to address this issue.**
- **Please plan to administer Bilateral ESI and RFA treatments in same treatment session.**

Please refer to Utah Medicaid Fee Schedule for treatment limits

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.

- 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. Please call 1 (855) 322-4081 to setup an appointment for them to call your Provider.

Important Molina Healthcare Medicaid Contact Information
(Service hours 8am-5pm local M-F, unless otherwise specified)

Molina will make a decision within the following timeframes:

Expedited (Urgent)	Standard (Non-Urgent)
72 Hours	14 Calendar Days

Prior Authorizations:

Phone: 1 (855) 322-4081

Fax: 1 (866) 472-0589

Provider Customer Service:

Phone: 1 Phone: 1 (855) 322-4081

Member Customer Service, Benefits/Eligibility:

Phone: (888)483-0760/ TTY/TDD 711

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

Available features include:

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

Molina® Healthcare, Inc. – Prior Authorization Service Request Form

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: _____			

REFERRAL/SERVICE TYPE REQUESTED

Request Type:	<input type="checkbox"/> Initial Request	<input type="checkbox"/> Extension/ Renewal / Amendment	Previous Auth#:
Outpatient Services: <input type="checkbox"/> Pain Management			

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

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.