

MOLINA[®] HEALTHCARE MEDICAID PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE EFFECTIVE: 09/01/2021

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.

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| <ul style="list-style-type: none"> • Advanced Imaging and Specialty Tests • Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services: <ul style="list-style-type: none"> ○ Inpatient, Residential Treatment, Partial hospitalization, Day Treatment, Intensive Outpatient, Targeted Case Management ○ Electroconvulsive Therapy (ECT); ○ Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD). ○ Drug Screening- auth required after 12 units of definitive testing and 24 units of presumptive • Cardiology: For adults (over 18 y/o) only. • Cosmetic, Plastic and Reconstructive Procedures: No PA required with Breast Cancer Diagnoses. • Durable Medical Equipment • Elective Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility. • 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 • Home Healthcare Services (including home-based PT/OT/ST) • Hyperbaric/Wound Therapy • Long Term Services and Supports (per State benefit). All LTSS services require PA regardless of code(s). | <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Emergency and Urgently Needed Services • Professional fees for Medicaid enrolled providers associated with ER visits and approved Ambulatory Surgery Center (ASC) or inpatient stay • Local Health Department (LHD) services • Radiologists, anesthesiologists, and pathologist professional services when billed in POS 19, 21, 22, 23 or 24 • PA is waived for professional component services or services billed for Medicaid enrolled providers with Modifier 26 in ANY place of service setting. • Other State mandated services. • Nursing Home/Long Term Care • Occupational, Physical & Speech Therapy PA required after initial evaluation plus 6 visits • Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures • Pain Management Procedures • Prosthetics/Orthotics • Radiation Therapy and Radiosurgery • Sleep Studies • Transplants/Gene Therapy, including Solid Organ and Bone Marrow (Cornea transplant does not require authorization). • Transportation Services: Non-emergent air transportation. |
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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.

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID 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 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 at (888) 999-2404

Important Molina Healthcare Medicaid Contact Information

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

Prior Authorizations including Behavioral Health Authorizations:

Phone: (855) 326-5059
Fax: (877) 708-2117

24 Hour Behavioral Health Crisis (7 days/week):

Phone: (888) 999-2404/ TTY/TDD 711

Pharmacy Authorizations:

Phone: (800) 947-9627

Dental:

Phone: (888) 999-2404

Imaging, Radiation Therapy, Genetic testing, Sleep Covered Services and Related Equipment:

Phone: (855) 714-2415
Fax: (877) 731-7218

Vision:

Phone: (414) 760-7400
Fax: (414) 462-3103

Provider Customer Service:

Phone: (855) 326-5059

Member Customer Service, Benefits/Eligibility:

Phone: (888) 999-2404/ TTY/TDD 711

Transplant Authorizations:

Phone: (855) 714-2415
Fax: (877) 813-1206

Transportation:

Phone: (866) 907-1493

24 Hour Nurse Advice Line (7 days/week)

Phone: (888) 275-8750/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.

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
- Download Frequently used forms

Molina® Healthcare, Inc. – Prior Authorization 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., WI):				
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"/> Maternity/OB Notification of Delivery (include baby stats)		<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Chiropractic <input type="checkbox"/> Dialysis <input type="checkbox"/> DME <input type="checkbox"/> Genetic 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 </div> <div style="width: 48%;"> <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Laboratory Services <input type="checkbox"/> LTSS Services <input type="checkbox"/> Outpatient Surgical/Procedures <input type="checkbox"/> Pain Management <input type="checkbox"/> Palliative Care <input type="checkbox"/> Pharmacy <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Sleep Studies </div> <div style="width: 48%;"> <input type="checkbox"/> Transplant/Gene Therapy <input type="checkbox"/> Transportation <input type="checkbox"/> Wound Care <input type="checkbox"/> Other: _____ <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <div style="color: red; font-weight: bold;"># of therapy visits used for current year:</div> </div> </div>	

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code:

Description:

DATES OF SERVICE START	SERVICE 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:
Office Contact Name:		Office Contact Phone:	

SERVICING PROVIDER / FACILITY:

Billing Provider/Facility Name (Required):			
Billing NPI#:	Billing TIN#:	Medicaid ID# (If Non-Par):	<input type="checkbox"/> Non-Par <input type="checkbox"/> COC
Phone:		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 on the date of service, benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

Molina® Healthcare, Inc. – BH Prior Authorization 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., WI):				
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			

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 Psychiatric <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <input type="checkbox"/> Inpatient Detoxification <input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary If Involuntary, Court Date: _____		<input type="checkbox"/> Residential Treatment <input type="checkbox"/> Partial Hospitalization Program <input type="checkbox"/> Intensive Outpatient Program <input type="checkbox"/> Day Treatment <input type="checkbox"/> Assertive Community Treatment Program <input type="checkbox"/> Targeted Case Management <input type="checkbox"/> Electroconvulsive Therapy <input type="checkbox"/> Psychological/Neuropsychological Testing <input type="checkbox"/> Applied Behavioral Analysis <input type="checkbox"/> Non-PAR Outpatient Services <input type="checkbox"/> Other: _____	

PLEASE SEND CLINICAL NOTES AND ANY SUPPORTING DOCUMENTATION

Primary ICD-10 Code for Treatment:

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:
Office Contact Name:	Office Contact Phone:	

SERVICING PROVIDER / FACILITY:

Billing Provider/Facility Name (Required):			
Billing NPI#:	Billing TIN#:	Medicaid ID# (If Non-Par):	<input type="checkbox"/> Non-Par <input type="checkbox"/> COC
Phone:	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 on the date of service, benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.