

****REVISION****

COVID-19 PRIOR AUTHORIZATION END DATES EXTENDED

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES: **Medical Group/ IPA/MSO****Primary Care**

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

 Hospitals**Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL PROVIDER SERVICES:

(888) 562-5442, Extension:

Los Angeles/Orange Counties

X123017

Riverside/San Bernardino Counties

X120613

Sacramento County

X121599

San Diego County

X121735

Imperial County

X125682

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding Prior Authorization end dates extended as to the COVID-19 Pandemic.

As part of MHC's effort to stay in front of COVID-19, MHC has made changes to its utilization management process to extend the end date/expiration date for all previously authorized services. This will maximize access to care and remove barriers for timely access to care. These changes are consistent with additional regulatory requirements most recently released to extend prior authorization end dates.

These changes **include** the following:

- Urgent or Elective services previously authorized by MHC with an expiration date between 3/1/20 - 8/31/20 will be extended to 9/1/20.
- Urgent or Elective services newly approved by MHC will now expire no earlier than 9/1/20.

The changes **exclude** the following referral types and the utilization management process will remain the same for:

- Retrospective Reviews
- Inpatient Admissions/Concurrent Reviews
- Nursing/Residential Facilities

For **Telehealth Services:**

Do Telehealth Services require prior authorization?

- For services that normally require authorization, the standard prior authorization requirements apply regardless of whether the services are being provided via telehealth or in-person. Your current authorizations are valid, and you do not need to do anything to change these authorizations.

Please follow your normal authorization processes as required by your participating IPA/medical group. For Molina Direct Network, please refer to our prior authorization list located on our website at:

- www.Molinahealthcare.com
- I'm a Healthcare Professional
- Select State (CA) and line of business
- Forms
- Frequently Used Forms
- Q2 2020 PA Code Matrix

Services provided in an urgent care or emergency department setting do not require authorization.

How do telehealth services apply to behavioral health treatment (BHT) for children with autism or other related conditions?

- “Telehealth” means a mode of delivering healthcare services via information and communication technologies. Telehealth includes both audio-video and simple telephonic communication.
- Providers must use interactive audio, video or data telecommunications systems that permit real-time communication between them and the member. In addition, the equipment must be of quality or resolution to adequately complete all necessary components for the CPT code or HCPCS code billed.
- Molina permits Telehealth for all BHT services for which telehealth is appropriate: supervision (H0046), caregiver training (S5111), social skills groups (H2014), some elements of a functional and diagnostic assessment (H0031 and H0032) and in some instances direct services(H2019).
- Any current Molina provider type can provide telehealth services he/she is approved to render when billed and supervised by a currently appropriate provider. For example, each 15-minute unit of parental training given via telephone without video by a BCBA would be billed as place of service 02; procedure code S5111-HO (no 95 modifier).
- Face-to-face is almost always needed for direct service. In certain instances, audio-video may substitute for direct face-to-face service (e.g. high-functioning members with caregivers present in person). Telephonic contact alone may be indicated for limited ‘touch base’ contacts, but rarely for long term, intensive direct ABA treatment (H2019). When direct service (H2019) is rendered via telehealth, the billing/supervising provider attests that the service provided is appropriate.
- Any currently authorized direct service billed as telehealth will be paid with the understanding that the billing/supervising provider has reviewed such service and determined that the service has been rendered and that the intensity and mode of service is appropriate. Future requests for telehealth must highlight the site of service, the provider type rendering service, and the clinical rationale for both as medically appropriate, all of which will be considered in the authorization review.
- Providers do not need to submit anything additional to Molina in order to conduct **currently authorized services** via telehealth. Future requests for services must highlight the site of service, the provider type rendering service, and the clinical rationale for both as medically appropriate.

MHC will continue to communicate any changes to process as these changes become available.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (888) 562-5442. Please refer to the extensions on page one.