

# **MOLINA<sup>®</sup> HEALTHCARE OF ILLINOIS MARKETPLACE** **PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE** **EFFECTIVE: 01/01/2023**

**REFER TO MOLINA'S PROVIDER WEBSITE OR PRIOR AUTHORIZATION LOOKUP 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"> <li>• <b>Advanced Imaging and Specialty Tests</b></li> <li>• <b>Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:</b> <ul style="list-style-type: none"> <li>○ Inpatient, Transitional Substance Abuse Residential Treatment, Partial Hospitalization.</li> <li>○ Electroconvulsive Therapy (ECT);</li> <li>○ Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD).</li> </ul> </li> <li>• <b>Cosmetic, Plastic and Reconstructive Procedures</b> No PA required with Breast Cancer Diagnoses.</li> <li>• <b>Durable Medical Equipment</b></li> <li>• <b>Elective Inpatient Admissions:</b> Acute Hospital, Skilled Nursing Facilities (SNF), Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC) Facilities</li> <li>• <b>Experimental/Investigational Procedures</b></li> <li>• <b>Genetic Counseling and Testing</b> (Except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns or as otherwise mandated by state regulations).</li> <li>• <b>Healthcare Administered Drugs</b></li> <li>• <b>Home Healthcare Services (including home-based PT/OT/ST)</b></li> <li>• <b>Hyperbaric/Wound Therapy</b></li> <li>• <b>Inpatient Hospitalization and NICU Admissions:</b> (Except emergency services)</li> <li>• <b>Long Term Services and Supports (LTSS):</b> Not a covered benefit.</li> <li>• <b>Miscellaneous &amp; Unlisted Codes:</b> 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.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Neuropsychological and Psychological Testing</b></li> <li>• <b>Non-Par Providers/Facilities:</b> 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.           <ul style="list-style-type: none"> <li>○ Local Health Department (LHD) services;</li> <li>○ Hospital Emergency services</li> <li>○ Evaluation and Management services associated with inpatient, ER, and observation stay, or facility stay (POS 21, 22, 23, 31, 32, 33, 51, 52, 61)</li> <li>○ Radiologists, anesthesiologists, and pathologists' professional services when billed in POS 19, 21, 22, 23, 24, 51, 52</li> <li>○ Other services based on State requirements.</li> </ul> </li> <li>• <b>Occupational, Physical &amp; Speech Therapy:</b> After the first 12 visits for PT/OT or first 6 visits for ST</li> <li>• <b>Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures</b></li> <li>• <b>Pain Management Procedures</b></li> <li>• <b>Prosthetics/Orthotics</b></li> <li>• <b>Radiation Therapy and Radiosurgery</b></li> <li>• <b>Sleep Studies</b></li> <li>• <b>Transplants including Solid Organ and Bone Marrow</b> (Cornea transplant does not require authorization).</li> <li>• <b>Transportation:</b> All non-emergent transportation.</li> <li>• <b>Vision:</b> Pediatric Low Vision Optical Devices and Services: Please contact VSP (Vision Service Plan) at 1 (800) 877-7195 or visit their website at <a href="http://vsp.com/advantage">vsp.com/advantage</a></li> </ul> |
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## IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKETPLACE 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 (855) 866-5462.

### Important Molina Healthcare Marketplace Contact Information

**Illinois (Service hours Monday through Friday, 8 a.m. to 5 p.m. Central Time, unless otherwise specified)**

#### Prior Authorizations including Behavioral Health

##### Authorizations:

Phone: (855) 866-5462

Fax: (833) 322-1061

##### Pharmacy Authorizations:

Phone: (855) 866-5462

Fax: (855) 365-8112

##### Radiology Authorizations:

Phone: (855) 714-2415

Fax: (877) 731-7218

##### Transplant Authorizations:

Phone: (855) 714-2415

Fax: (877) 813-1206

##### Vision:

Phone: (800) 877-7195

Website: [vsp.com/advantage](http://vsp.com/advantage)

##### Member Customer Service, Benefits/Eligibility:

Phone: (833) 644-1623/ TTY/TDD 711

##### Provider Customer Service:

Phone: (855) 866-5462

### 24 Hour Nurse Advice Line (24/7 year-round)

Phone: (888) 275-8750/TTY: 711

Members who speak Spanish can press 1 at the 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:** [provider.molinahealthcare.com/Provider/Login](http://provider.molinahealthcare.com/Provider/Login)

Available features include:

- Authorization submission and status
- Member eligibility
- Provider directory
- Claims submission and status
- Download frequently used forms
- Nurse Advice Line report