

MOLINA[®] HEALTHCARE MARKET PLACE

PRIOR AUTHORIZATION/PRE-SERVICE REVIEW

GUIDE EFFECTIVE: 05/01/2021

**REFER TO MOLINA'S PROVIDER WEBSITE OR PORTAL 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.

ALL NON-PAR PROVIDER REQUESTS REQUIRE AUTHORIZATION REGARDLESS OF SERVICE.

- **Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services:**
 - Inpatient, Transitional Substance Abuse Residential Treatment, Partial hospitalization.
 - Electroconvulsive Therapy (ECT);
 - Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD).
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting).** No PA Required with breast CA Dx (Z85.3)
- **Durable Medical Equipment.**
- **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.
- **Home Healthcare Services (including home-based OT/PT/ST):** All home healthcare services require PA after initial evaluation plus six (6) visits per calendar year.
- **Hyperbaric Therapy.**
- **Imaging, Advanced and Specialty Imaging.**
- **Elective Inpatient Admissions:** Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.
- **Long Term Services and Supports (Per State benefit).**
- **Neuropsychological and Psychological Testing.**
- **Non-Par Providers/Facilities:**

Office visits, procedures, labs, diagnostic studies, inpatient stays except for:

 - Emergency and Urgently Needed Services;
 - Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or inpatient stay;
 - Local Health Department (LHD) services;
 - Radiologists, anesthesiologists, and pathologists professional services when billed for POS 19, 21, 22, 23 or 24.
- **Non-Par Providers/Facilities (continues):**
 - PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting.
 - Other services based on State requirements.
- **Office visits and office-based procedures do not require authorization, unless specifically included in another category, i.e. advanced imaging requires authorization even when performed in a participating provider's office.**
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures.**
- **Pain Management Procedures:** except trigger point injections.
- **Prosthetics/Orthotics.**
- **Radiation Therapy and Radiosurgery (for selected services only).**
- **Sleep Studies:** Except Home (POS 12) sleep studies
- **Specialty Pharmacy drugs:** Auth required for all places of service.
- **Speech Therapy:** After initial evaluation plus six (6) visits for office and outpatient settings.
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization).
- **Transportation:** Contact UM for all non-emergent transportation.
- **Unlisted & Miscellaneous 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.
- **Vision:** Pediatric Low Vision Optical Devices and Services: Please contact VSP at 1 (800) 877-7195 or visit their website at www.vsp.com/advantage

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKET PLACE 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 at **1 (844) 826-4335**.

Important Molina Healthcare Medicaid Contact Information

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

<p>Prior Authorizations: Phone: 1 (844) 826-4335 Inpatient Requests Fax: 1 (833) 322-1061 All Non-Inpatient Fax: 1 (833) 322-1061 Outpatient Drug Request: 1 (844) 312-6371</p>	<p>Pharmacy Authorizations: Phone: 1 (844) 826-4335 Fax: 1 (844) 312-6371</p>
<p>Radiology Authorizations: Phone: 1 (855) 714-2415 Fax: 1 (877) 731-7218</p>	<p>Vision: Please contact VSP at 1 (800) 877-7195 or visit their website at www.vsp.com/advantage</p>
<p>Transplant Authorizations: Phone: 1 (855) 714-2415 Fax: 1 (877) 813-1206</p>	<p>24 Hour Nurse Advice Line (7 days/week): 1 (844) 794-3638 / TTY: 711</p>
<p>NICU Authorizations: Phone: 1 (844) 826-4335 Fax: 1 (844) 207- 1622</p>	<p>Transportation Phone: 1 (844) 826-4335 Fax: 1 (844) 207-1620</p>
<p>Member Customer Service, Benefits/Eligibility: Phone: 1 (844) 809-8438 / TTY/TDD 711</p>	<p>Provider Customer Service: Phone: 1 (844) 826-4335 Fax: 1 (844) 303-5188</p>

Providers may utilize Molina Healthcare’s Website at:

<https://provider.molinahealthcare.com/Provider/Login>

Available features include:

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| <ul style="list-style-type: none"> • Authorization submission and status • Member Eligibility • Provider Directory | <ul style="list-style-type: none"> • Claims submission and status • Download Frequently used forms • Nurse Advice Line Report |
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Marketplace Prior Authorization Request Form Molina Healthcare of Mississippi

MEMBER INFORMATION

Plan:	<input type="checkbox"/> Marketplace	<input type="checkbox"/> Other:	
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> Expedited/Urgent*	

***Definition of Expedited/Urgent service request designation is when the treatment requested 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 should be submitted as routine/non-urgent.**

REFERRAL/SERVICE TYPE REQUESTED

Inpatient	Outpatient	<input type="checkbox"/> Home Health
<input type="checkbox"/> Surgical procedures	<input type="checkbox"/> Surgical Procedure	<input type="checkbox"/> DME*
<input type="checkbox"/> Admissions	<input type="checkbox"/> Diagnostic Procedure	<input type="checkbox"/> Wheelchair*
<input type="checkbox"/> SNF	<input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> In Office
<input type="checkbox"/> LTAC	<input type="checkbox"/> Other:	<input type="checkbox"/> Behavioral Health
Diagnosis Code & Description:		
CPT/HCPC Code & Description:		
Number of visits requested:		DOS From: / / to / /

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION

Requesting Provider Name:		NPI#		TIN#:	
Servicing Provider or Facility:		NPI#		TIN#:	
*Collaborating Physician Name:		NPI#		*Non-physician practitioners must have a practice agreement with a physician, which does not prohibit the ordering of DME and must include the physician's NPI on request.	
Contact at Requesting Provider's office:					
Phone Number:	() -	Fax Number:		() -	
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.