

MOLINA[®] HEALTHCARE MARKETPLACE NEW MEXICO

PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE

EFFECTIVE: 01/01/2022

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 (PA).**
EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

-
- | | |
|--|---|
| <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, Transitional Substance Abuse Residential Treatment, Day Treatment, Partial Hospitalization. ○ Electroconvulsive Therapy (ECT); ○ Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD). ● Cosmetic, Plastic and Reconstructive Procedures: No PA required with Breast Cancer Diagnoses. ● Durable Medical Equipment ● Elective Inpatient Admissions: Acute Hospital, Skilled Nursing Facilities (SNF), Acute Inpatient Rehabilitation, Long Term Acute Care (LTAC) Facilities. ● 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 Support (LTSS): not a covered benefit. ● 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. | <ul style="list-style-type: none"> ● Neuropsychological and Psychological Testing ● Non-Par Providers/Facilities: 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"> ○ Local Health Department (LHD) services; ○ Hospital Emergency services; ○ Evaluation and Management services associated with inpatient, ER, and observation stays; ○ Radiologists, anesthesiologists, and pathologists' professional services when billed in POS 19, 21, 22, 23 or 24; ○ Other services based on State requirements ● Occupational & Physical – after initial evaluation and 23 visits/year in outpatient & home settings ● Speech Therapy – after 6 visits for outpatient & home settings ● Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures ● Pain Management Procedures including Acupuncture ● Prosthetics/Orthotics ● Radiation Therapy and Radiosurgery ● Sleep Studies: Except Home (POS 12) sleep studies ● Transplants/Gene Therapy, including Solid Organ and Bone Marrow (Cornea transplant does not require authorization). ● Transportation: All non-emergent transportation. ● 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 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) 322-4078.

IMPORTANT MOLINA HEALTHCARE MARKETPLACE CONTACT INFORMATION

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

Prior Authorizations including Behavioral Health

Authorizations:

Phone: (855) 322-4078

Fax: (833) 322-1061

Radiology Authorizations:

Phone: (855) 714-2415

Fax: (877) 731-7218

Provider Customer Service:

Phone: (855) 322-4078

Pharmacy Authorizations:

Phone: (855) 322-4078

Fax: (866) 472-4578

Transplant Authorizations:

Phone: (855) 714-2415

Fax: (877) 813-1206

Member Customer Service, Benefits/Eligibility-

Monday-Friday 8am to 6pm MST:

Phone: (888) 295-7651/ TTY/TDD 711

24 Hour Nurse Advice Line (7 days/week)

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

Phone: (866) 648-3537 Spanish

No referral or prior authorization is needed.

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

Phone: (855) 295-7651

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 forms
- Nurse Advice Line Report