Molina Healthcare/Molina Medicare of Michigan
Prior Authorization/Pre-Service Review Guide
Effective: 01/01/2014

This Prior Authorization/Pre-Service Guide applies to all Molina Medicaid, MIChild and Medicare Members.

*****Referrals to Network Specialists do not require Prior Authorization*****
*****Office visits to contracted (par) providers do not require Prior Authorization*****

Authorization required for services listed below.
Pre-Service Review is required for elective services.
Only covered services are eligible for reimbursement

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services**
  - Inpatient, Partial hospitalization, Electroconvulsive Therapy (ECT)
  - Non-Physician/Advanced Practice Registered Nurse (APRN) BH Outpatient Visits: After initial evaluation for outpatient and home settings
- **Chiropractic Services**
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting):** which are not usually covered benefits include but are not limited to tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation, dermabrasion, botox injections, etc
- **Dental General Anesthesia:** > 7 years old or per state benefit (Not a Medicare covered benefit)
- **Dialysis:** notification only
- **Durable Medical Equipment:**
  Refer to Molina's website for specific codes that require authorization.
  - (Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462)
- **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:** After 3 skilled nursing visits.
  - (Private Duty Nursing (PDN) is a covered benefit for MIChild only)
- **Home Infusion**
- **Hospice & Palliative Care:** notification only.
- **Imaging:** CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, Intimal Media Thickness Testing, Three Dimensional (3D) Imaging
- **Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice** (Hospice requires notification only)
- **Neuropsychological and Psychological Testing**
- **Non-Par Providers/Facilities:**
  - Office visits, procedures, labs, diagnostic studies, inpatient stays, except for:
    - Emergency Department services
    - Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
    - Women's Health, Family Planning and Obstetrical Services
    - Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) / Tribal Health Center (THC)
    - Child and Adolescent Health Center Services
    - Local Health Department (LHD) Services
    - Other services based on state requirements
- **Nutritional Supplements & Enteral Formulas**
- **Occupational Therapy**: After initial evaluation for outpatient and home settings
- **Office-Based Surgical Procedures do not require authorization except for Podiatry Surgical Procedures** (excluding routine foot care)
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:** Refer to Molina's website for specific codes that are **EXCLUDED** from authorization requirements
- **Pain Management Procedures:** including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture (Acupuncture is a covered benefit for MIChild only).
- **Physical Therapy:** After initial evaluation for outpatient and home settings
- **Pregnancy and Delivery:** notification only
- **Prosthetics/Orthotics:**
  Refer to Molina's website for specific codes that require authorization. Includes but not limited to:
  - Orthopedic footwear/orthotics/foot inserts
  - Customized orthotics, prosthetics, braces
- **Rehabilitation Services:** Including Cardiac, Pulmonary, and Comprehensive Outpatient Rehab Facility (CORF). CORF Services for Medicare only.
- **Sleep Studies**
- **Specialty Pharmacy drugs (oral and injectable) used to treat the following disease states, but not limited to: Anemia, Crohn's/Ulcerative Colitis, Cystic Fibrosis, Growth Hormone Deficiency, Hemophilia, Hepatitis C, Immune Deficiencies, Multiple Sclerosis, Oncology, Psoriasis, Pulmonary Hypertension, Rheumatoid Arthritis, and RSV prophylaxis** (Refer to Molina's website for specific codes that require authorization)
- **Speech Therapy:** After initial evaluation for outpatient and home settings
- **Transplant Evaluation and Services including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)
- **Transportation:** non-emergent ambulance (ground and air) (Not a covered benefit for MIChild)
- **Unlisted and 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.
- **Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy**

***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 claim. (Medicaid benefit only)**

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE/MOLINA MEDICARE

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 and fax denials are given within one business day of making the denial decision, or sooner if required by the member's condition.
- Providers 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) 898-7969 or (248) 925-1756

Important Molina Healthcare/Molina Medicare Information

Prior Authorizations: 8:00 a.m. – 5:00 p.m. Phone: (888) 898-7969 Medicaid Fax: (800) 594-7404 Medicare Fax: (888) 295-7665 **Radiology Authorizations:** Phone: (855) 714-2415 Fax: (877) 731-7218 **Pharmacy Authorizations:** Medicaid: Phone: (888) 898-7969 Fax: (888) 373-3059 Medicare: Phone: (800) 665-3072 Fax: (888) 256-6795 **Behavioral Health Authorizations:** Phone: (888) 898-7969 Medicaid Fax: (800) 594-7404 Medicare Fax: (888) 295-7665 **Transplant Authorizations:** Phone: (855) 714-2415 Fax: (877) 731-7218	**Member Customer Service Benefits/Eligibility:** Medicaid: Phone: (888) 898-7969 Fax: (248) 925-1765 Medicare: Phone: (800) 665-3072 Fax: (801) 858-0409 TTY/TDD: Medicaid: (800) 649-3777 TTY/TDD: Medicare: 711 or (800) 346-4128 **Provider Customer Service: 8:00 a.m. – 5:00 p.m.** Medicaid: Phone: (888) 898-7969 Fax: (248) 925-1784 Medicare: Phone: (800) 665-3072 Fax: (248) 925-1784 **24 Hour Nurse Advice Line:** English: (888) 275-8750 [TTY/TDD: (866) 735-2929] Spanish: (866) 648-3537 [TTY/TDD: (866) 833-4703] **Vision Care:** Phone: (888) 493-4070 Fax: (877) 627-2488 TTY/TDD: (877) 627-2456 **Dental: Medicare Only:** Phone: (800) 327-4462 **Transportation:** Medicaid: Phone: (866) 712-1063 Medicare: Phone: (866) 475-5423

Providers may utilize Molina Healthcare's Web Portal at: www.molinahealthcare.com
Available features include:

- **Authorization submission and status**
- **Claims submission and status** (EDI only)
- **Download Frequently used forms**
- **Member Eligibility**
- **Provider Directory**
- **Nurse Advice Line Report**

Molina Healthcare/Molina Medicare Prior Authorization Request Form

Phone: (888) 898-7969
Medicaid Fax: (800) 594-7404 / **Medicare Fax:** (888) 295-7665
Radiology, NICU, and Transplant Authorizations: Phone: (855) 714-2415 / **Fax:** (877) 731-7218

MEMBER INFORMATION					
Plan:	☐ **Molina Medicaid**	☐ **Molina Medicare**	☐ **MIChild**	☐ **Other:**	
Member Name:		**DOB:**	/ /		
Member ID#:		**Phone:**	( ) -		
Service Type:	☐ Elective/Routine	☐ Expedited/Urgent*			

***Definition of Urgent / Expedited 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 ☐ Surgical procedures ☐ ER Admit ☐ Direct Admit ☐ SNF ☐ Rehab ☐ LTAC	**Outpatient** ☐ Surgical Procedure ☐ Diagnostic Procedure ☐ Wound Care ☐ Other: ☐ Rehab (PT, OT, & ST) ☐ Chiropractic ☐ Imaging ☐ Infusion Therapy		☐ **Home Health** ☐ **DME** ☐ **In Office**

Diagnosis Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested:		Date(s) of Service:	

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	( )	Fax Number:	( )

For Molina Use Only: