

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

- Imperial
- Riverside/San Bernardino
- Los Angeles
- 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
- MMG

Specialists

- Directs
- IPA

 Hospitals
Ancillary

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

FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles County

122233	127685	121934
127690	127657	114378
120104	127879	111131

Riverside/San Bernardino Counties

128007	126215	126556
128010	127709	123251

Sacramento County

127140	126232
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San Diego County

121588	120098	126236
121587	126225	121057

Imperial County

	125680
121587	121588

UPDATED PRIOR AUTHORIZATION (PA) CODE MATRIX

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the updated Prior Authorization Code Matrix, formerly referred to as the "Codification Document". We have also updated our Prior Authorization / Pre-Service Review Guide.

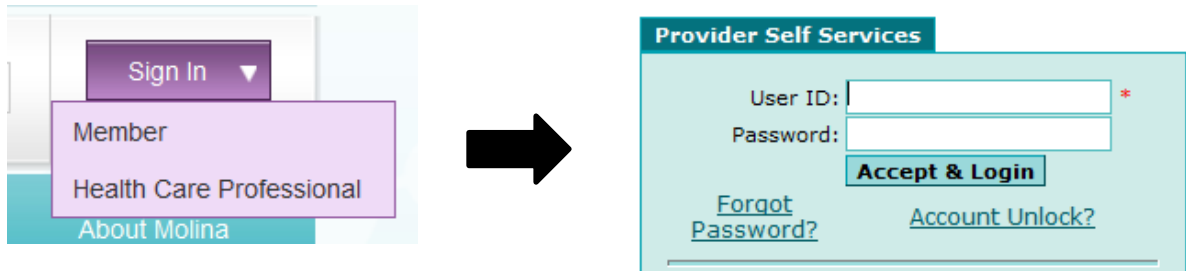
Molina Healthcare has updated our prior authorization code matrix and has made a significant reduction in the number of codes/procedures/services that require Prior Authorization. Many services including Physical Therapy, certain types of Durable Medical Equipment (DME), Outpatient Surgical Procedures and Prosthetics and Orthotics no longer require Prior Authorization but are always subject to medical necessity. The PA Code Matrix is available online via the provider portal as well as our public website. Please note that this document is updated at least quarterly and is subject to change. It is advised that you check this document prior to PA submission as codes may be removed or added. All codes listed require PA. The new PA Code Matrix is now available online at:

- For Medi-Cal, Marketplace, and Duals LOB:
www.molinahealthcare.com → I'm a Healthcare Professional → Select State (CA) and line of business → Forms → Frequently Used Forms → PA Code Matrix.
- For Medicare LOB:
www.molinahealthcare.com → I'm a Healthcare Professional → Select State (CA) and line of business → Prior Authorization Forms → PA Code Matrix

Please note that office visits and/or procedures at Contracted/Network Providers and referrals to Contracted/Network Specialists **do not require PA**. In addition, please note that because this is a national document some codes/services listed **may not** be covered by Medicare, Medi-Cal or Marketplace; please refer to each regulatory agency for specific non-covered codes.

Attached you will also find our updated Prior Authorization / Pre-Service Review Guide.

*Save time and paper by submitting your Authorization Requests online via our provider portal! The provider portal can be accessed from www.molinahealthcare.com and select **Sign In** → **Health Care Professional**, followed by your login information.*



QUESTIONS

If you have any questions or require further clarification regarding this notification, please contact your respective Molina Provider Services Representative.

**Use the Molina web portal for faster turnaround times.
Contact Provider Services for details**

Referrals to Network Specialists and office visits to contracted (PAR) providers do not require Prior Authorization

**This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Medi-Cal and Medicare Members
– excludes Marketplace**

**Refer to Molina’s website or portal for specific codes that require authorization (PA Code Matrix)
Only covered services are eligible for reimbursement
Authorization is required for the services listed below**

✿ **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**

- Inpatient, Residential Treatment, Partial Hospitalization, Intensive Outpatient Treatment
- Electroconvulsive Therapy (ECT)
- Behavioral Health Treatment (BHT) for treatment of Autism Spectrum Disorder (ASD). BHT includes but is not limited to the following evidence-based practices:
 - Applied Behavioral Analysis (ABA)
 - Discrete Trial Teaching
 - Early Start Denver Model
 - Social Skills Training

✿ **Cosmetic, Plastic and Reconstructive Procedures (in any setting)** Refer to Molina’s Provider website or portal for specific codes considered cosmetic

- ✿ **Durable Medical Equipment:** Refer to Molina’s Provider website or portal 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

- ✿ **Habilitative Therapy:** After initial evaluation plus six (6) visits for outpatient and home settings. Refer to Molina’s Provider website or portal for specific codes that require authorization

- ✿ **Home Healthcare and Home Infusion:** After initial evaluation plus six (6) visits. Note: PA may be required for medications associated with Home Infusion.

- ✿ **Hospice:** Notification only.

✿ **Hyperbaric Therapy**

- ✿ **Imaging, Advanced and Specialty:** Refer to Molina’s Provider website or portal for specific codes that require authorization

✿ **Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility**

- ✿ **Long Term Services and Supports:** Refer to Molina’s Provider website or portal for specific codes that require authorization. Not a Medicare or Marketplace covered benefit.

✿ **Neuropsychological and Psychological Testing**

✿ **Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:**

- Emergency Department and Urgent Care services
- Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
- Nurse Midwife services
- Local Health Department (LHD) services
- Family Planning Services
- HIV Testing and Counseling
- OBGyn services (with OBGyn within PCP Network)
- Treatment for Sexually Transmitted Diseases (STDs)
- Minor consent services

- ✿ **Occupational Therapy:** See Habilitative Therapy

✿ **Office Visits and Procedures at Participating (Contracted) providers do not require prior authorization for covered services**

Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: Refer to Molina’s Provider website or portal for specific codes that require authorization

- ✿ **Pain Management Procedures:** Injections, except trigger point injections (Acupuncture is not a Medicare covered benefit)

- ✿ **Pregnancy and Delivery:** notification only

- ✿ **Prosthetics/Orthotics:** Refer to Molina’s Provider website or portal for specific codes that require authorization

- ✿ **Radiation Therapy and Radiosurgery (for selected services only):** Refer to Molina’s Provider website or portal for specific codes that require authorization

✿ **Sleep Studies**

- ✿ **Specialty Pharmacy drugs (oral and injectable):** Refer to Molina’s Provider website or portal for specific codes that require authorization

- ✿ **Speech Therapy:** After initial evaluation plus six (6) visits for outpatient and home settings; Refer to Molina’s Provider website or portal for specific codes that require authorization

- ✿ **Transplants including Solid Organ and Bone Marrow** (Corneal transplant does not require authorization)

- ✿ **Transportation:** non-emergent ambulance (ground and air); Emergent transport does not require PA

- ✿ **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.

***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.
(Medi-Cal benefit only)

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDI-CAL and 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.

- 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 (800) 526-8196

Important Contact Numbers for Molina Healthcare Medi-Cal and Medicare

Medicare Authorizations:

Phone: (800) 665-0898 Fax: (866) 472-6303

Medi-Cal Authorizations:

Phone: (800) 526-8196 Option 4 Fax: (800) 811-4804

Medicare Behavioral Health Authorizations:

Phone: (800) 665-0898 Fax: (866) 472-6303

Medi-Cal Behavioral Health Authorizations:

Phone: (800) 526-8196 Option 4 Fax: (800) 811-4804

All Radiology Authorizations:

Phone: (855) 714-2415 Fax: (877) 731-7218

All OB/NICU and Transplant Authorizations:

Phone: (888) 562-5442 x751108 Fax: (877) 731-7218

Medi-Cal Pharmacy Authorizations:

Phone: (888) 665-4621 Fax: (866) 508-6445

Medicare Pharmacy Authorizations:

Phone: (800) 665-0898 Fax: (866) 290-1309

Medi-Cal Member Customer Service - Benefits/Eligibility:

Phone: (800) 665-4621 Fax: (866) 507-6186

TTY/TDD: 711

Medicare Member Customer Service - Benefits/Eligibility:

Phone: (800) 665-0898 Fax: (310) 507-8196

TTY/TDD: 711

Provider Customer Service: 8:00 a.m. – 5:00 p.m.

Phone: (855) 322-4075 Fax: (562) 951-1529

24 Hour Nurse Advice Line

English: (888) 275-8750 [TTY: 1-866/735-2929]

Spanish: (866) 648-3537 [TTY: 1-866/833-4703]

Medi-Cal Vision Care: Phone: (888) 493-4070

Medicare Vision Care: Phone: (800) 327-4462

Medi-Cal Dental: Phone: (800) 322-6384

Medicare Dental: Phone: (855) 214-6779

Medicare Non-emergent Transportation:

Phone: (866) 475-5423 Fax: (866) 913-4509

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 Medi-Cal and Medicare Prior Authorization/Service Request Form

Medi-Cal Phone Number: (888) 665-4621 / Medicare Phone Number: (800) 665-0898

Medi-Cal Fax Number: (800) 811-4804 / Medicare Fax Number: (866) 472-6303

Radiology Fax Number: (877) 731-7218 (MRI, CT, PET, SPECT)

Member Information			
Plan:	<input type="checkbox"/> Molina Medi-Cal	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Custodial Member Requiring Prior Authorization of Outpatient Services <input type="checkbox"/> Molina Medicare <input type="checkbox"/> Molina Medi-Cal
			Other
Member Name*:		DOB*:	
Member ID#:		Phone*:	
Member's current address*:			
Services Type:	<input type="checkbox"/> Elective /Routine	<input type="checkbox"/> Expedited/Urgent^	

***Required Information to Process Request**

^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 <input type="checkbox"/> Surgical procedures <input type="checkbox"/> Custodial <input type="checkbox"/> Disenrollment from IPA to Molina Direct <input type="checkbox"/> ER Admits <input type="checkbox"/> Sub-Acute <input type="checkbox"/> SNF <input type="checkbox"/> Rehabilitation <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other: _____ <input type="checkbox"/> Speech/Habilitative Therapy <input type="checkbox"/> Hyperbaric Therapy		<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office
Diagnosis Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested:		DOS From: / / to / /	
Clinical Indication for the request:			

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:
