

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

**\*\*\*Office visits to Participating Providers, including Specialists, do not require Referral or Prior Authorization\*\*\***

**This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Marketplace Members  
Only covered services are eligible for reimbursement**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>◆ <b>Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:</b> <ul style="list-style-type: none"> <li>○ Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP)</li> <li>○ Electroconvulsive Therapy (ECT)</li> </ul> </li> <li>◆ <b>Cosmetic, Plastic and Reconstructive Procedures</b> (in any setting)</li> <li>◆ <b>Durable Medical Equipment:</b> Refer to Molina Healthcare's website or portal for specific codes that require authorization.</li> <li>◆ <b>Experimental/Investigational Procedures</b></li> <li>◆ <b>Genetic Counseling and Testing except</b> for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations</li> <li>◆ <b>Home Healthcare &amp; Home Infusion</b></li> <li>◆ <b>Hyperbaric Oxygen Therapy</b></li> <li>◆ <b>Imaging:</b> CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, Intimal Media Thickness Testing, Three Dimensional (3D) Imaging</li> <li>◆ <b>Inpatient Admissions:</b> Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)</li> <li>◆ <b>Neuropsychological and Psychological Testing</b></li> <li>◆ <b>Non-Par Providers/Facilities:</b> Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> <li>○ Emergency Department services</li> <li>○ Professional fees associated with ER visit, approved</li> <li>○ Ambulatory Surgery Center (ASC) or inpatient stay</li> <li>○ Local Health Department (LHD) services</li> <li>○ Other services based on state requirements</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>◆ <b>Occupational Therapy:</b> After initial evaluation plus twenty-four (24) visits for outpatient and home settings.</li> <li>◆ <b>Office Visits &amp; Office-Based Surgical Procedures at PAR</b> (Molina Contracted) Providers do not require prior authorization Outpatient Hospital/Ambulatory</li> <li>◆ <b>Surgery Center (ASC) Procedures:</b> Refer to Molina Healthcare's website or portal for specific codes that require authorization</li> <li>◆ <b>Pain Management Procedures:</b> including sympathectomies, neurectomies, injections (except trigger point injections), infusions, blocks, pumps or implants, and acupuncture</li> <li>◆ <b>Physical Therapy:</b> After initial evaluation plus twenty four (24) visits for outpatient and home settings.</li> <li>◆ <b>Prosthetics/Orthotics:</b> Includes but not limited to: Orthopedic footwear, orthotics, foot inserts, customized orthotics, prosthetics, &amp; braces.</li> <li>◆ <b>Radiation Therapy and radio surgery</b></li> <li>◆ <b>Sleep Studies</b> (Home Sleep Studies do not require Prior Auth.)</li> <li>◆ <b>Specialty Pharmacy Drugs</b> (oral and injectable) Refer to Molina Healthcare's website or portal for specific codes that require authorization</li> <li>◆ <b>Speech Therapy:</b> After initial evaluation plus six (6) visits for office, outpatient and home settings.</li> <li>◆ <b>Transplant Evaluation and Services</b> including Solid Organ and Bone Marrow (Cornea transplant does not require authorization)</li> <li>◆ <b>Transportation:</b> non-emergent air transportation</li> <li>◆ <b>Unlisted, Miscellaneous and T Codes:</b> Molina Healthcare 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> |
|---|--|

**IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKETPLACE**

**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.

**\*Definition of Expedited/Urgent service request designation is when the treatment requested is required to prevent serious deterioration in the member's health and following the standard timeframe could seriously jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted 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 within 2 business days of the denial decision. Denials also are communicated to the provider by telephone, fax or electronic notification 24 hours of making the denial decision. .
- 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 1 (800) 526-8196.

**Important Molina Healthcare Marketplace Contact Information**

**Marketplace Prior Authorizations:** 8:00 a.m. – 5:00 p.m.  
Phone: 1 (800) 526-8196 Option 3, then Option 4  
Fax: 1 (800) 811-4804

**Radiology Authorizations:**  
Phone: 1 (855) 322-4075 Fax: 1 (877) 731-7218

**NICU Authorizations:**  
Phone: 1 (855) 322-4075 Fax: 1 (877) 731-7218

**Medical Pharmacy Authorizations:**  
Phone: 1 (855) 322-4075 Fax: 1 (866) 508-6445

**Transplant Authorizations:**  
Phone: 1 (855) 322-4075 Fax: 1 (877) 731-7218

**Member Customer Service Benefits/Eligibility:**  
Phone: 1 (888) 858-2150 TTY/TDD: 711

**Provider Customer Service:** 8:00 a.m. – 5:00 p.m.  
Phone: 1 (855) 322-4075 Fax: 1 (562) 951-1529

**24 Hour Nurse Advice Line:**  
English: 1 (888) 275-8750 [TTY: 1 (866) -735-2929]  
Spanish: 1 (866) 648-3537 [TTY: 1 (866) 833-4703]

**Providers may utilize Molina Healthcare's Provider Portal at:**

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

**Available features include:**

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



Your Extended Family.

Molina Healthcare of California
Marketplace Prior Authorization Request Form
Marketplace Telephone: 1 (800) 526-8196 | Marketplace Fax: 1 (800) 811-4804
Radiology Fax: 1 (877) 731-7218

Member Information
Plan: [ ] Molina Marketplace [ ] Other
Member Name: [ ] DOB: [ ]
Member ID#: [ ] Phone: [ ]
Services Type: [ ] Elective /Routine [ ] 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 and following the standard timeframe could seriously 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/ Facility: [ ] Surgical Procedures [ ] ER Admits [ ] SNF [ ] Rehabilitation [ ] LTAC
Outpatient : [ ] Surgical Procedure [ ] Diagnostic Procedure [ ] Other: [ ] Infusion Therapy [ ] Hyperbaric Oxygen Therapy [ ] OT [ ] PT [ ] ST
[ ] Home Health
[ ] DME
[ ] In Office
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:
Facility Providing Service:
Contact at Requesting Provider's Office:
Phone Number: ( ) Fax Number: ( )

For Molina Healthcare Use Only:

Tracking #: (Please include tracking number on claim)
Expiration Date:

Confidentiality Notice: This fax transmission, including any attachments, contains confidential information that maybe privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon the fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at the above phone number and destroy the original documents.