

MOLINA[®] HEALTHCARE MEDI-CAL

PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE

EFFECTIVE: 01/01/2018

**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**

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

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
 - Inpatient, Residential Treatment, Partial hospitalization, Day Treatment;
 - Electroconvulsive Therapy (ECT);
 - Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD).
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting).**
- **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.**
- **Inpatient Admissions:** Elective, 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 Department Services;
 - Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or inpatient stay;
 - Local Health Department (LHD) services;
 - Other services based on State Requirements.
- **Occupational & Physical Therapy:** After initial evaluation plus twelve (12) visits per calendar year for office and outpatient settings for each specialty.
- **Office-Based Procedures do not require authorization, unless specifically included in another category (i.e. advanced imaging) that 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 sleep studies).
- **Specialty Pharmacy drugs.**
- **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:** Non-Emergent Air Transport.
- **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.

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDI-CAL 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) 557-8434

Important Molina Healthcare Medi-Cal Contact Information

Service hours 8:30am-5:30pm local M-F

SERVICE AREA	PHONE	FAX	SERVICE AREA	PHONE	FAX
Prior Authorizations:	1 (844) 557-8434	1 (800) 811-4804	Pharmacy Authorizations:	1 (888) 665-4621	1 (866) 508-6445
Member Customer Service Benefits/ Eligibility:	1 (888) 665-4621	1 (866) 507-6186	Provider Customer Service:	1 (800) 526-8196, Option 1	1 (800) 811-4804
Behavioral Health Authorizations:	1 (844) 557-8434	1 (800) 811-4804	Dental:	1 (800) 322-6384	
Radiology Authorizations:	1 (855) 714-2415	1 (877) 731-7218	Transportation:	1 (855) 322-4075	1 (844) 860-3698 or MHCTransportation Mailbox@molinahealthcare.com
Transplant Authorizations:	1 (855) 714-2415	1 (877) 813-1206	Vision Care:	1 (888) 493-4070	
NICU Authorizations:	1 (855) 714-2415	1 (877) 731-1220	24 Hour Nurse Advice Line (7 days/week):	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 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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Molina® Healthcare – Medi-Cal Prior Authorization Request Form

Phone Number: 1 (844) 557-8434

Fax Number: 1 (800) 811-4804

MEMBER INFORMATION

Plan:	<input type="checkbox"/> Molina Medi-Cal	<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 <input type="checkbox"/> Surgical procedures <input type="checkbox"/> Admissions <input type="checkbox"/> SNF <input type="checkbox"/> LTAC <input type="checkbox"/> Custodial Care <input type="checkbox"/> Notification Only <input type="checkbox"/> Bed Hold <input type="checkbox"/> LOA Dates From / / to / /	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> My Care (Palliative Care) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Pain Management <input type="checkbox"/> ST: Mbr has completed initial eval and 6 visits (NO initial PA needed) <input type="checkbox"/> PT: Mbr has completed initial eval and 12 visits (NO initial PA needed) <input type="checkbox"/> OT: Mbr has completed initial eval and 12 visits (NO initial PA needed)	<input type="checkbox"/> Home Health Member has completed initial eval and 6 visits (No initial PA needed) <input type="checkbox"/> DME
Diagnosis Code & Description:		
CPT/HCPC Code & Description:		
Number of visits requested:	DOS From: / / to / /	

****Your request will not be processed without clinical documentation supporting medical necessity of the requested service****

PROVIDER INFORMATION

Requesting Provider Name:	NPI#:	TIN#:	
Servicing Provider or Facility:	NPI#:	TIN#:	
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.