

MOLINA® HEALTHCARE MEDICARE
PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE
EFFECTIVE: 01/01/2018

FOR MMP MEDICAID, PLEASE REFER TO YOUR STATE MEDICAID PA GUIDE FOR ADDITIONAL PA REQUIREMENTS

**Refer to Molina's Provider Website/Portal for specific codes that require authorization
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT**

OFFICE VISITS TO CONTRACTED/PARTICIPATING PRIMARY CARE PROVIDERS DO NOT REQUIRE PA.

OFFICE VISITS TO NETWORK SPECIALISTS REQUIRE A REFERRAL FROM A PARTICIPATING PRIMARY CARE PROVIDER.

EMERGENCY SERVICES 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, Partial hospitalization;
 - Electroconvulsive Therapy (ECT).
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting).**
- **Durable Medical Equipment**
 - Medicare Hearing Aides [supplemental benefit]. Contact AVESIS at 1 (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 Services: (including home-based PT/OT/ST).** All home healthcare services require PA after initial evaluation.
- **Hyperbaric Therapy.**
- **Imaging, Advanced and Specialty Imaging**
- **Inpatient Admissions:** Elective, Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.
- **Long Term Services and Supports:** Not a Medicare covered benefit*. (*Per State benefit if MMP).
- **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:** PA required after Medicare therapy benefit cap has been reached for office and outpatient settings.
- **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 (Acupuncture is not a Medicare covered benefit).
- **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.

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICARE 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.

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

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

	PHONE	FAX	PHONE	FAX
IP Prior Auths	1 (800) 526-8196	- 1 (866) 472-6303	Pharmacy	1 (800) 665-0898
OP Prior Auths	1 (855) 322-4075	- 1 (844) 251-1450	Authorizations	1 (866) 290-1309
Member Customer Service Benefits & Eligibility	1 (800) 665-0898		Provider Customer Service	1 (855) 322-4075
	[TTY/TDD: 711]			1 (562) 951-1529
Behavioral Health Authorizations	1 (800) 665-0898	- 1 (866) 472-6303	Dental	1 (855) 214-6779
				(AVESIS) [TTY: 711]
Radiology Authorizations	1 (855) 714-2415	1 (877) 731-7218	Transportation	1 (866) 475-5423
				1 (866) 913-4509
Transplant Authorizations	1 (855) 714-2415	- 1 (877) 813-1206	Vision	1 (800) 327-4462
				(AVESIS)
NICU Authorizations	1 (855) 714-2415	1 (877) 731-7220	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	

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

	PHONE	FAX	PHONE	FAX
IP Prior Auths	1 (866) 472-4585	1 (866) 472-9509	Pharmacy	1 (888) 665-1238
OP Prior Auths	1 (855) 322-4076	1 (844) 251-1450	Authorizations	1 (866) 290-1309
Member Customer Service Benefits/ Eligibility	1 (866) 553-9494		Provider Customer Service	1 (855) 322-4076
	[TTY/TDD: 711]			1 (866) 948-3537
Behavioral Health Authorizations	1 (800) 221-5487	1 (800) 370-1116	Dental	1 (855) 214-6779
				(AVESIS) [TTY: 711]

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

Radiology 1 (855) 714-2415 1 (877) 731-7218	Transportation 1 (800) 856-9994 (Secure Transportation) [TTY: 711]
Authorizations	
Transplant 1 (855) 714-2415 1 (877) 813-1206	Vision (iCare) XXX-XXX-XXXX
Authorizations	
NICU 1 (855) 714-2415 1 (877) 731-7220	24 Hour Nurse Advice Line (7 days/week): English: 1 (888) 275-8750 / TTY: 711 Spanish: 1 (866) 648-3537 / TTY: 711
Authorizations	

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

SERVICE AREA	PHONE	FAX	SERVICE AREA	PHONE	FAX
Medical Prior Authorizations:	1 (844) 239-4914	1 (844) 251-1450	Pharmacy Authorizations:	1 (844) 239-4914	1 (866) 290-1309
Concurrent, ECT, SNF, LTACS Prior Authorizations:		1 (855) 231-0375	Provider Customer Service:	1 (855) 239-4914	
Member Customer Service Benefits/ Eligibility:	1 (844) 239-4913		Transportation: (Secure Transportation)	1 (844) 368-1501	
Behavioral Health Authorizations:	1 (844) 239-4914	1 (855) 231-0375	Vision:	1 (844) 416-2724	1 (877) 627-2488
Radiology Authorizations:	1 (855) 714-2415	1 (877) 731-7218	24 Hour Nurse Advice Line (7 days/week): English: 1 (844) 526-3188 / TTY: 1 (866) 735-2929 Spanish: 1 (866) 648-3537 / TTY: 1 (866) 833-4703		
Transplant Authorizations:	1 (855) 714-2415	1 (877) 813-1206			

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

	PHONE	FAX		PHONE	FAX
IP Prior Auths	1 (888) 898-7969 - 1 (888) 295-7665		Pharmacy Authorizations	1 (888) 665-1328	1 (866) 290-1309
OP Prior Auths	1 (855) 322-4077 - 1 (844) 251-1450		Provider	1 (855) 322-4077	1 (248) 925-1784
Member Customer Service Benefits/ Eligibility	1 (800) 665-3072	1 (801) 858-0409	Customer Service		
	[TTY/TDD: 711]				
Behavioral Health Authorizations	1 (888) 898-7969 - 1 (888) 295-7665		Dental	1 (800) 327-4462	
Radiology Authorizations	1 (855) 714-2415	1 (877) 731-7218	Transportation	1 (855) 735-5604	1 (844) 251-1450
Transplant Authorizations	1 (855) 714-2415 - 1 (877) 813-1206		Vision	1 (888) 493-4070	1 (877) 627-2488
NICU Authorizations	1 (855) 714-2415	1 (877) 731-7220		(March Vision)	
			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		

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

	PHONE	FAX		PHONE	FAX
IP Prior Auths	1 (877) 262-0187	1 (855) 278-0310	Pharmacy Authorizations	1 (888) 665-1328	1 (866) 290-1309
OP Prior Auths	1 (855) 322-4078	1 (844) 251-1450	Provider	1 (855) 322-4078	1 (855) 278-0310
Member Customer Service Benefits/ Eligibility	1 (866) 440-0127	1 (801) 858-0409	Customer Service		
	[TTY/TDD: 711]				
Behavioral Health Authorizations	1 (855) 315-5677	1 (888) 295-5494	Dental	1 (855) 214-6779	
				(AVESIS)	[TTY/TTD: 711]

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

Radiology Authorizations 1 (855) 714-2415 1 (877) 731-7218	Transportation 1 (800) 856-9994 1 (562) 941-0107 1 (888) 680-7252 1 (562) 903-9407
Transplant Authorizations 1 (855) 714-2415 1 (877) 813-1206	Vision 1 (888) 493-4070 - (March Vision) TTY 1 (877) 627-2480 -
NICU Authorizations 1 (855) 714-2415 1 (877) 731-7220	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

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

	PHONE	FAX	PHONE
Prior Authorizations	1 (855) 322-4079	1 (877) 708-2116	Pharmacy Authorizations 1 (855) 322-4079 1 (866) 290-1309
Member Customer Service Benefits/ Eligibility <i>(8:00 a.m. to 8 p.m. 7/days week)</i>	1 (866) 472-4584 [TTY/TDD: 711]		Provider Customer Service 1 (855) 322-4079
Behavioral Health Authorizations	1 (855) 322-4079	1 (866) 553-9262	Dental 1 (855) 322-4079
Radiology Authorizations	1 (855) 714-2415	1 (877) 731-7218	Transportation XXX-XXX-XXXX XXX-XXX-XXXX (Access to Care)
Transplant Authorizations	1 (855) 714-2415	1 (877) 813-1206	Vision 1 (855) 322-4079 1 (888) 493-4070
NICU Authorizations	1 (855) 714-2415	1 (877) 731-7220	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

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

	PHONE	FAX	PHONE	FAX
Prior Authorizations	1 (855) 322-4080	1 (844) 251-1450	Pharmacy Authorizations 1 (866) 449-6849 1 (866) 290-1309	
Member Customer Service Benefits/ Eligibility <i>[TTY/TDD: 1 (866) 440-0012 or 711]</i>	1 (866) 403-8293		Provider Customer Service 1 (855) 322-4080 1 (281) 599-8916	
Behavioral Health Authorizations	1 (866) 449-6849	1 (866) 617-4967	Dental 1 (855) 704-0430	
Radiology Authorizations	1 (855) 714-2415	1 (877) 731-7218	Transportation 1 (844) 368-1500 (Secure Transportation)	
Transplant Authorizations	1 (855) 714-2415	1 (877) 813-1206	Vision 1 (800) 327-4462 (AVESIS)	
NICU Authorizations	1 (855) 714-2415	1 (877) 731-7220	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	

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

	PHONE	FAX	PHONE	FAX
IP Prior Auths	1 (888) 483-0760	1 (844) 251-1450	Pharmacy Authorizations 1 (888) 665-1328 1 (866) 290-1309	
OP Prior Auths	1 (855) 322-4081	1 (844) 251-1450		
Healthy Advantage	1 (866) 472-9479	1 (866) 472-9481		

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

Member Customer Service Benefits/ Eligibility	1 (888) 665-1328 - [TTY TDD: 711] -	Provider Customer Service	1 (855) 322-4081
Behavioral Health Authorizations	1 (888) 483-0760 - 1 (866) 504-7262	Dental	1 (855) 214-6779 -
Healthy Advantage	1 (866) 472-9479 - 1 (866) 472-9481	Transportation	1 (844) 368-1501
Radiology Authorizations	1 (855) 714-2415 1 (877) 731-7218	(Secure Transportation)	
Transplant Authorizations	1 (855) 714-2415 - 1 (877) 813-1206	Vision	1 (888) 493-4070 1 (877) 627-2488 - (March Vision) -
NICU Authorizations	1 (855) 714-2415 1 (877) 731-7220	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	

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

	PHONE	FAX	PHONE	FAX
Prior Authorizations	1 (844) 509-7583 - 1 (844) 251-1450		Pharmacy Authorizations	1 (888) 665-1328 1 (866) 290-1309 -
Member Customer Service Benefits/ Eligibility	1 (844) 509-7583 1 (801) 858-0409 [TTY/TDD: 711]		Provider Customer Service	1 (844) 542-7907 1 (801) 858-0409
Behavioral Health Authorizations	1 (844) 509-7583 - 1 (844) 251-1450		Dental	1 (855) 214-6779 - (AVESIS) -
Radiology Authorizations	1 (855) 714-2415 1 (877) 731-7218		Transportation	1 (844) 697-4337 (Secure Transportation)
Transplant Authorizations	1 (855) 714-2415 - 1 (877) 813-1206		Vision	1 (855) 476-2724 -
NICU Authorizations	1 (855) 714-2415 - 1 (877) 731-7220		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	

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

	PHONE	FAX	PHONE	FAX
IP Prior Auths	1 (800) 869-7185 - 1 (844) 251-1450 1 (855) 322-4082 -		Pharmacy Authorizations	1 (800) 869-7185 1 (800) 869-7791 -
OP Prior Auths	1 (800) 665-1029 - 1 (844) 251-1450		Provider Customer Service	1 (800) 665-1029 -
Member Customer Service Benefits/ Eligibility	1 (800) 869-7165 1 (800) 816-3778 [TTY/TDD: 711]		Dental	N/A N/A
Behavioral Health Authorizations	1 (800) 869-7185 - 1 (800) 767-7188		Transportation	1 (800) 869-7185 1 (800) 767-7188 -
Radiology Authorizations	1 (855) 714-2415 1 (877) 731-7218		Vision	1 (888) 493-4070 1 (866) 772-0285 - (March Vision) -
Transplant Authorizations	1 (855) 714-2415 - 1 (877) 813-1206		24 Hour Nurse Advice Line (7 days/week):	
NICU Authorizations	1 (855) 714-2415 - 1 (877) 731-7220		English: 1 (888) 275-8750 / TTY: 1 (866) 735-2929 -	
			Spanish: 1 (866) 648-3537 / TTY: 1 (866) 833-4703	

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

	PHONE	FAX	PHONE	FAX
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IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

IP Auths 1 (888) 999-2404 - 1 (877) 319-6827	Pharmacy 1 (888) 665-1328 1 (888) 373-3059
OP Auths 1 (855) 326-5059 - 1 (844) 251-1450	Authorizations
Member Customer Service Benefits/ Eligibility Behavioral Health Authorizations	Provider 1 (855) 326-5059 1 (801) 858-0465
1 (855) 315-5663 1 (801) 858-0465 [TTY/TDD: 711]	Customer Service
Radiology Authorizations	Dental 1 (855) 214-6779
Transplant Authorizations	Transportation 1 (866) 475-5423 - (LogistiCare)
NICU Authorizations	Vision 1 (888) 493-4070 - (March Vision) -
1 (855) 714-2415 1 (877) 813-1206	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
1 (855) 714-2415 1 (877) 731-7220	

Providers may utilize Molina Healthcare's Website at:

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

Available features include:

- Authorization submission and status
- Claims submission and status
- Member Eligibility

- Provider Directory
- Frequently used forms
- Nurse Advice Line Report

**Molina® Healthcare – Medicare
Prior Authorization Request Form**
[Please refer to Contact/FAX numbers above]

MEMBER INFORMATION

Plan: Molina Medicare

Member Name: _____ DOB: / /

Member ID#: _____ Phone: () -

Service Type: Elective/Routine Expedited/Urgent¹

¹Definition 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

Surgical procedures
Admissions
 SNF
 LTAC

Outpatient

Surgical Procedure
 Diagnostic Procedure
 Infusion Therapy
 Other: _____

OT PT ST
 Hyperbaric Therapy
 Pain Management

Home Health
 DME
 Wheelchair
 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: _____

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 on the date of service, benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.