

# MOLINA<sup>®</sup> 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.**

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| <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;</li> <li>○ Electroconvulsive Therapy (ECT).</li> </ul> </li> <li>● <b>Cosmetic, Plastic and Reconstructive Procedures (in any setting).</b></li> <li>● <b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>○ Medicare Hearing Aides [supplemental benefit]. Contact AVESIS at 1 (800) 327-4462.</li> </ul> </li> <li>● <b>Experimental/Investigational Procedures.</b></li> <li>● <b>Genetic Counseling and Testing</b> except 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 Services: (including home-based PT/OT/ST).</b> All home healthcare services require PA after initial evaluation.</li> <li>● <b>Hyperbaric Therapy.</b></li> <li>● <b>Imaging, Advanced and Specialty Imaging</b></li> <li>● <b>Inpatient Admissions:</b> Elective, Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.</li> <li>● <b>Long Term Services and Supports:</b> Not a Medicare covered benefit*. (*Per State benefit if MMP).</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 and approved 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 &amp; Physical Therapy:</b> PA required after Medicare therapy benefit cap has been reached for office and outpatient settings.</li> <li>● <b>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.</b></li> <li>● <b>Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures.</b></li> <li>● <b>Pain Management Procedures:</b> except trigger point injections (Acupuncture is not a Medicare covered benefit).</li> <li>● <b>Prosthetics/Orthotics.</b></li> <li>● <b>Radiation Therapy and Radiosurgery (for selected services only).</b></li> <li>● <b>Sleep Studies:</b> (Except Home sleep studies).</li> <li>● <b>Specialty Pharmacy drugs.</b></li> <li>● <b>Speech Therapy:</b> After initial evaluation plus six (6) visits for office and outpatient settings.</li> <li>● <b>Transplants including Solid Organ and Bone Marrow</b> (Cornea transplant does not require - authorization.) -</li> <li>● <b>Transportation:</b> non-emergent Air Transport.</li> <li>● <b>Unlisted &amp; Miscellaneous Codes:</b> 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.</li> </ul> |
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## 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
<b>IP Prior Auths</b>	1 (800) 526-8196	1 (866) 472-6303	<b>Pharmacy</b>	1 (800) 665-0898	1 (866) 290-1309
<b>OP Prior Auths</b>	1 (855) 322-4075	1 (844) 251-1450	<b>Authorizations</b>		
<b>Member Customer Service Benefits &amp; Eligibility</b>	1 (800) 665-0898 [TTY/TDD: 711]		<b>Provider Customer Service</b>	1 (855) 322-4075	1 (562) 951-1529
<b>Behavioral Health Authorizations</b>	1 (800) 665-0898	1 (866) 472-6303	<b>Dental</b>	1 (855) 214-6779 (AVESIS) [TTY: 711]	
<b>Radiology Authorizations</b>	1 (855) 714-2415	1 (877) 731-7218	<b>Transportation</b>	1 (866) 475-5423	1 (866) 913-4509
<b>Transplant Authorizations</b>	1 (855) 714-2415	1 (877) 813-1206	<b>Vision</b>	1 (800) 327-4462 (AVESIS)	
<b>NICU Authorizations</b>	1 (855) 714-2415	1 (877) 731-7220	<b>24 Hour Nurse Advice Line (7 days/week):</b> 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
<b>IP Prior Auths</b>	1 (866) 472-4585	1 (866) 472-9509	<b>Pharmacy</b>	1 (888) 665-1238	1 (866) 290-1309
<b>OP Prior Auths</b>	1 (855) 322-4076	1 (844) 251-1450	<b>Authorizations</b>		
<b>Member Customer Service Benefits/ Eligibility</b>	1 (866) 553-9494 [TTY/TDD: 711]		<b>Provider Customer Service</b>	1 (855) 322-4076	1 (866) 948-3537
<b>Behavioral Health Authorizations</b>	1 (800) 221-5487	1 (800) 370-1116	<b>Dental</b>	1 (855) 214-6779 (AVESIS) [TTY: 711]	

## IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

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

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

SERVICE AREA	PHONE	FAX	SERVICE AREA	PHONE	FAX
<b>Medical Prior Authorizations:</b>	1 (844) 239-4914	1 (844) 251-1450	<b>Pharmacy Authorizations:</b>	1 (844) 239-4914	1 (866) 290-1309
<b>Concurrent, ECT, SNF, LTACS Prior Authorizations:</b>		1 (855) 231-0375	<b>Provider Customer Service:</b>	1 (855) 239-4914	
<b>Member Customer Service Benefits/Eligibility:</b>	1 (844) 239-4913 [TTY/TDD: 711]		<b>Transportation:</b> (Secure Transportation)	1 (844) 368-1501	
<b>Behavioral Health Authorizations:</b>	1 (844) 239-4914	1 (855) 231-0375	<b>Vision:</b>	1 (844) 416-2724	1 (877) 627-2488
<b>Radiology Authorizations:</b>	1 (855) 714-2415	1 (877) 731-7218	<b>24 Hour Nurse Advice Line (7 days/week):</b> English: 1 (844) 526-3188 / TTY: 1 (866) 735-2929 Spanish: 1 (866) 648-3537 / TTY: 1 (866) 833-4703		
<b>Transplant Authorizations:</b>	1 (855) 714-2415	1 (877) 813-1206			

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

	PHONE	FAX		PHONE	FAX
<b>IP Prior Auths</b>	1 (888) 898-7969 -	1 (888) 295-7665	<b>Pharmacy Authorizations</b>	1 (888) 665-1328	1 (866) 290-1309
<b>OP Prior Auths</b>	1 (855) 322-4077 -	1 (844) 251-1450	<b>Provider Customer Service</b>	1 (855) 322-4077	1 (248) 925-1784
<b>Member Customer Service Benefits/Eligibility</b>	1 (800) 665-3072 [TTY/TDD: 711]	1 (801) 858-0409	<b>Dental</b>	1 (800) 327-4462	
<b>Behavioral Health Authorizations</b>	1 (888) 898-7969 -	1 (888) 295-7665	<b>Transportation</b>	1 (855) 735-5604	1 (844) 251-1450
<b>Radiology Authorizations</b>	1 (855) 714-2415	1 (877) 731-7218	<b>Vision</b> 1 (888) 493-4070 (March Vision)	1 (877) 627-2488	
<b>Transplant Authorizations</b>	1 (855) 714-2415 -	1 (877) 813-1206	<b>24 Hour Nurse Advice Line (7 days/week):</b> English: 1 (888) 275-8750 / TTY: 1 (866) 735-2929 Spanish: 1 (866) 648-3537 / TTY: 1 (866) 833-4703		
<b>NICU Authorizations</b>	1 (855) 714-2415	1 (877) 731-7220			

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

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

## IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

<b>Radiology Authorizations</b>	1 (855) 714-2415	1 (877) 731-7218	<b>Transportation</b>	1 (800) 856-9994 1 (888) 680-7252	1 (562) 941-0107 1 (562) 903-9407
<b>Transplant Authorizations</b>	1 (855) 714-2415	1 (877) 813-1206	<b>Vision</b>	1 (888) 493-4070 - (March Vision) TTY 1 (877) 627-2480 -	
<b>NICU Authorizations</b>	1 (855) 714-2415	1 (877) 731-7220	<b>24 Hour Nurse Advice Line (7 days/week):</b>	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	
<b>Prior Authorizations</b>	1 (855) 322-4079	1 (877) 708-2116	<b>Pharmacy Authorizations</b>	1 (855) 322-4079	1 (866) 290-1309
<b>Member Customer Service Benefits/Eligibility</b> (8:00 a.m. to 8 p.m. 7/days week)	1 (866) 472-4584 [TTY/TDD: 711]		<b>Provider Customer Service</b>	1 (855) 322-4079	
<b>Behavioral Health Authorizations</b>	1 (855) 322-4079	1 (866) 553-9262	<b>Dental</b>	1 (855) 322-4079	
<b>Radiology Authorizations</b>	1 (855) 714-2415	1 (877) 731-7218	<b>Transportation</b> (Access to Care)	xxx-xxx-xxxx	xxx-xxx-xxxx
<b>Transplant Authorizations</b>	1 (855) 714-2415	1 (877) 813-1206	<b>Vision</b>	1 (855) 322-4079	1 (888) 493-4070
<b>NICU Authorizations</b>	1 (855) 714-2415	1 (877) 731-7220	<b>24 Hour Nurse Advice Line (7 days/week):</b>	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
<b>Prior Authorizations</b>	1 (855) 322-4080	1 (844) 251-1450	<b>Pharmacy Authorizations</b>	1 (866) 449-6849	1 (866) 290-1309
<b>Member Customer Service Benefits/Eligibility</b>	1 (866) 403-8293 [TTY/TDD: 1 (866) 440-0012 or 711]		<b>Provider Customer Service</b>	1 (855) 322-4080	1 (281) 599-8916
<b>Behavioral Health Authorizations</b>	1 (866) 449-6849	1 (866) 617-4967	<b>Dental</b>	1 (855) 704-0430	
<b>Radiology Authorizations</b>	1 (855) 714-2415	1 (877) 731-7218	<b>Transportation</b> (Secure Transportation)	1 (844) 368-1500	
<b>Transplant Authorizations</b>	1 (855) 714-2415	1 (877) 813-1206	<b>Vision</b> (AVESIS)	1 (800) 327-4462	
<b>NICU Authorizations</b>	1 (855) 714-2415	1 (877) 731-7220	<b>24 Hour Nurse Advice Line (7 days/week):</b>	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
<b>IP Prior Auths</b>	1 (888) 483-0760	1 (844) 251-1450	<b>Pharmacy Authorizations</b>	1 (888) 665-1328	1 (866) 290-1309
<b>OP Prior Auths</b>	1 (855) 322-4081	1 (844) 251-1450			
<b>Healthy Advantage</b>	1 (866) 472-9479	1 (866) 472-9481			

## IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

<b>Member Customer Service Benefits/Eligibility</b>	1 (888) 665-1328 - [TTY TDD: 711] -	<b>Provider Customer Service</b>	1 (855) 322-4081
<b>Behavioral Health Authorizations</b>	1 (888) 483-0760 - 1 (866) 504-7262	<b>Dental</b>	1 (855) 214-6779 -
<b>Healthy Advantage Radiology Authorizations</b>	1 (866) 472-9479 - 1 (866) 472-9481	<b>Transportation</b>	1 (844) 368-1501 (Secure Transportation)
<b>Transplant Authorizations</b>	1 (855) 714-2415 1 (877) 731-7218	<b>Vision</b>	1 (888) 493-4070 1 (877) 627-2488 - (March Vision) -
<b>NICU Authorizations</b>	1 (855) 714-2415 1 (877) 731-7220	<b>24 Hour Nurse Advice Line (7 days/week):</b>	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
<b>Prior Authorizations</b>	1 (844) 509-7583	1 (844) 251-1450	<b>Pharmacy Authorizations</b>	1 (888) 665-1328	1 (866) 290-1309 -
<b>Member Customer Service Benefits/Eligibility</b>	1 (844) 509-7583 [TTY/TDD: 711]	1 (801) 858-0409	<b>Provider Customer Service</b>	1 (844) 542-7907	1 (801) 858-0409
<b>Behavioral Health Authorizations</b>	1 (844) 509-7583	1 (844) 251-1450	<b>Dental</b>	1 (855) 214-6779 -	(AVESIS) -
<b>Radiology Authorizations</b>	1 (855) 714-2415	1 (877) 731-7218	<b>Transportation</b>	1 (844) 697-4337	(Secure Transportation)
<b>Transplant Authorizations</b>	1 (855) 714-2415	1 (877) 813-1206	<b>Vision</b>	1 (855) 476-2724	-
<b>NICU Authorizations</b>	1 (855) 714-2415	1 (877) 731-7220	<b>24 Hour Nurse Advice Line (7 days/week):</b>	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
<b>IP Prior Auths</b>	1 (800) 869-7185 - 1 (844) 251-1450	1 (855) 322-4082 -	<b>Pharmacy Authorizations</b>	1 (800) 869-7185	1 (800) 869-7791 -
<b>OP Prior Auths</b>	1 (800) 665-1029 - 1 (844) 251-1450		<b>Provider Customer Service</b>	1 (800) 665-1029 - 1 (855) 322-4082 -	
<b>Member Customer Service Benefits/Eligibility</b>	1 (800) 869-7165 [TTY/TDD: 711]	1 (800) 816-3778	<b>Dental</b>	N/A	N/A
<b>Behavioral Health Authorizations</b>	1 (800) 869-7185	1 (800) 767-7188	<b>Transportation</b>	1 (800) 869-7185	1 (800) 767-7188 -
<b>Radiology Authorizations</b>	1 (855) 714-2415	1 (877) 731-7218	<b>Vision</b>	1 (888) 493-4070	1 (866) 772-0285 - (March Vision) -
<b>Transplant Authorizations</b>	1 (855) 714-2415	1 (877) 813-1206	<b>24 Hour Nurse Advice Line (7 days/week):</b>	English: 1 (888) 275-8750 / TTY: 1 (866) 735-2929 - Spanish: 1 (866) 648-3537 / TTY: 1 (866) 833-4703	
<b>NICU Authorizations</b>	1 (855) 714-2415	1 (877) 731-7220			

### 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

<b>IP Auths</b>	1 (888) 999-2404 - 1 (877) 319-6827	<b>Pharmacy</b>	1 (888) 665-1328 1 (888) 373-3059
<b>OP Auths</b>	1 (855) 326-5059 - 1 (844) 251-1450	<b>Authorizations</b>	
<b>Member Customer Service Benefits/Eligibility</b>	1 (855) 315-5663 1 (801) 858-0465 [TTY/TDD: 711]	<b>Provider Customer Service</b>	1 (855) 326-5059 1 (801) 858-0465
<b>Behavioral Health Authorizations</b>	1 (888) 999-2404 - 1 (877) 708-2117	<b>Dental</b>	1 (855) 214-6779
<b>Radiology Authorizations</b>	1 (855) 714-2415 1 (877) 731-7218	<b>Transportation</b>	1 (866) 475-5423 - (LogistiCare)
<b>Transplant Authorizations</b>	1 (855) 714-2415 - 1 (877) 813-1206	<b>Vision</b>	1 (888) 493-4070 . (March Vision) -
<b>NICU Authorizations</b>	1 (855) 714-2415 1 (877) 731-7220	<b>24 Hour Nurse Advice Line (7 days/week):</b>	
		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>

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| <p>Available features include:</p> <ul style="list-style-type: none"> <li>• Authorization submission and status</li> <li>• Claims submission and status</li> <li>• Member Eligibility</li> </ul> | <ul style="list-style-type: none"> <li>• Provider Directory</li> <li>• Frequently used forms</li> <li>• Nurse Advice Line Report</li> </ul> |
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**Molina<sup>®</sup> 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/Urgent<sup>1</sup>

**<sup>1</sup>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**

- ☐ 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.