



## Molina Healthcare 2020 Prior Authorization Guide Effective April 1, 2020

| Benefit Information For Molina Healthcare Providers: All Lines of Business   |                              |  |
|--|------------------------------|--|
| Procedures and Services  | Prior Authorization Required | Additional Information   |
| Services at Non-Par Providers  | ✓                            |  |
| Hospital Services  | ✓                            | <b>Except for:</b> <ul style="list-style-type: none"> <li>○ Emergency Department Services.</li> <li>○ Professional fees associated with ER visits and approved services.</li> <li>○ Local Health Department Services.</li> </ul> |
| Observation Stays  | ✓                            | Clinicals required to review medical necessity.  |
| Admissions <ul style="list-style-type: none"> <li>○ Acute Hospital,</li> <li>○ Skilled Nursing Facilities (SNF),</li> <li>○ Rehabilitation Hospital,</li> <li>○ Long Term Acute Care (LTAC) Facility.</li> </ul> | ✓                            | Clinical updates required for continued length of stay.  |
| Elective Inpatient Procedures  | ✓                            | Clinical updates required for continued length of stay.  |
| Transplants/Gene Therapy   | ✓                            | Including Solid Organ and Bone Marrow.   |
| Behavioral Health Assessment Behavioral Health Overlay   | ✓                            |  |
| Therapy Services (Family/Group/Individual)   | ✓                            |  |
| Medication Assisted Treatment  | ✓                            |  |
| Psychological Testing  | ✓                            |  |
| Psychosocial Rehabilitation Services   | ✓                            |  |
| Specialized Therapeutic Services   | ✓                            |  |
| Mental Health Targeted Case Management   | ✓                            |  |



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|   |   |  |
|---|---|--|
| Statewide Inpatient Psychiatric Program Services                | ✓ |  |
| Therapeutic Behavioral On-Site Services                         | ✓ |  |
| Long Term Care Services (LTC)                                   | ✓ |  |
| Private Duty Nursing  | ✓ |  |
| Allergy Testing   | ✓ | <p><b>Except for:</b></p> <ul style="list-style-type: none"> <li>○ Allergy</li> <li>○ Allergy &amp; Immunology</li> <li>○ Otolaryngology</li> <li>○ Pulmonology</li> </ul>   |
| Acupuncture   | ✓ |  |
| Sleep Studies   | ✓ |  |
| Cosmetic, Plastic and Reconstructive                            | ✓ | <b>All Places of Service</b>   |
| Durable Medical Equipment                                       | ✓ | <p style="text-align: center;">Please contact:</p> <ul style="list-style-type: none"> <li>○ <b>Coastal Care Services</b> at: 855-481-0505 for MMA members only.</li> <li>○ <b>Molina Healthcare</b> for LTC and Comprehensive members.</li> </ul>  |
| Home Healthcare and Home Infusion (Including Home PT, OT or ST) | ✓ | <p style="text-align: center;">Please contact:</p> <ul style="list-style-type: none"> <li>○ <b>Coastal Care Services</b> at: 855-481-0505 for MMA members only.</li> <li>○ <b>Molina Healthcare</b> for LTC and Comprehensive members.</li> </ul>  |
| Occupational Therapy  | ✓ | <p>For information on services conducted at a Freestanding facility for MMA and Comprehensive members please contact:</p> <ul style="list-style-type: none"> <li>○ <b>American Therapy Administrators of Florida (HN1)</b> at: 888-550-8800.</li> <li>○ <b>Molina Healthcare</b> for LTC members.</li> </ul> |



## Molina Healthcare 2020 Prior Authorization Guide Effective April 1, 2020

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|  |   | All Evaluations and Therapies in a Hospital setting require prior authorization from Molina Healthcare.   |
| Physical Therapy                               | ✓ | <p>For information on services conducted at a Freestanding facility for MMA and Comprehensive members please contact:</p> <ul style="list-style-type: none"> <li>○ <b>American Therapy Administrators of Florida (HN1)</b> at: 888-550-8800.</li> <li>○ <b>Molina Healthcare</b> for LTC members.</li> </ul> <p>All Evaluations and Therapies in a Hospital setting require prior authorization from Molina Healthcare.</p> |
| Speech Therapy                                 | ✓ | <p>For information on services conducted at a Freestanding facility for MMA and Comprehensive members please contact:</p> <ul style="list-style-type: none"> <li>○ <b>American Therapy Administrators of Florida (HN1)</b> at: 888-550-8800.</li> <li>○ <b>Molina Healthcare</b> for LTC members.</li> </ul> <p>All Evaluations and Therapies in a Hospital setting require prior authorization from Molina Healthcare.</p> |
| Early Intervention Services (Therapy Services) | ✓ | <p>Therapy services for EIS members will require Prior Authorization.</p> <p><b>Physical Therapy/Occupational Therapy:</b> Required after Initial Evaluation and 24 visits.</p> <p><b>Speech Therapy (SLP):</b> Required after initial evaluation.</p>  |
| Radiation Therapy and Radiosurgery             | ✓ |   |
| Respiratory Therapy                            | ✓ |   |
| Experimental/Investigational Procedures        | ✓ |   |
| Genetic Counseling and Testing                 | ✓ | <b>Except for:</b>  |



## Molina Healthcare 2020 Prior Authorization Guide Effective April 1, 2020

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|   |   | <ul style="list-style-type: none"> <li>○ Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis.</li> <li>○ Genetic test screening of newborns mandated by state regulations.</li> </ul>   |
| Healthcare Administered Drugs (oral or injectable)  | ✓ |  |
| Hearing Aids  | ✓ | Including anchored hearing aids.   |
| Housing Assistance                                  | ✓ |  |
| Hyperbaric Therapy                                  | ✓ |  |
| Advanced Imaging, e.g., MRI, CT, PET Scan, etc.     | ✓ |  |
| Lab Services  | ✓ | <p style="text-align: center;"><b>Except for:</b></p> <ul style="list-style-type: none"> <li>○ Lab Services rendered at <b>Quest Diagnostics</b></li> <li>○ Services on the Molina <i>In-Office Labs List</i> (found at: <a href="http://www.Molinahealthcare.com">www.Molinahealthcare.com</a>)</li> </ul> <p><b>All Hospital Labs require Prior Authorization.</b></p> |
| Massage Therapy                                     | ✓ |  |
| Pet Therapy   | ✓ |  |
| Art Therapy   | ✓ |  |
| Meals – Non-Emergency Day Trips                     | ✓ |  |
| Post-Discharge Meals                                | ✓ |  |
| Home Delivered Meals                                | ✓ | Disaster Preparedness shelf stable meals   |
| Non- Emergency Ambulance Services                   | ✓ |  |
| Nutritional Counseling                              | ✓ |  |
| Oral Surgery Services                               | ✓ |  |
| Hospital/Ambulatory Surgery Center (ASC) Procedures | ✓ |  |
| Pain Management                                     | ✓ | <p style="text-align: center;"><b>Except for:</b></p> <ul style="list-style-type: none"> <li>○ Trigger point injections.</li> </ul>  |
| Prosthetics/Orthotics                               | ✓ |  |



## Molina Healthcare 2020 Prior Authorization Guide Effective April 1, 2020

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| Office visits and office-based procedures |   | Require a referral, but do not require authorization, unless specifically included in another category (i.e. advanced imaging, lab services) that requires authorization even when performed in a participating provider's office. |
| Unlisted & Miscellaneous Codes            | ✓ | Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and pricing must be submitted with the request.                               |

### In-Lieu of Services

**All services require Prior Authorization:**

- **Addictions Receiving Facility Services**
- **Ambulatory Detoxification Services**
- **Behavioral Health Services – Child Welfare: Must be in the custody of the Department of Children & Families (DCF)**
- **Community-Based Wrap-Around Services**
- **Crisis Stabilization Units**
- **Drop-In Center Services**
- **Family Training and Counseling for Child Development**
- **Infant Mental Health Pre/Post Testing Services**
- **Mental Health Partial Hospitalization Program Services**
- **Mobile Crisis Assessment and Intervention Services**
- **Multi-Systemic Therapy Services**
- **Partial Hospitalization Services**
- **Psychiatric Specialty Hospital Services**
- **Self-Help/Peer Services**
- **Substance Abuse Intensive Outpatient Programs**
- **Substance Abuse Short-Term Residential Treatment Services**



## Molina Healthcare 2020 Prior Authorization Guide Effective April 1, 2020

### Important Information For Molina Healthcare 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.

#### **Elective/Routine vs Expedited/Urgent**

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.

#### **Adverse Determinations – Denials**

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 are also 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 (855) 322-4076.

#### **Referrals**

Referrals are required for specialist visits and most office-based procedures, except for visits to providers with the following specialties – ***Obstetrics and Gynecology, Dermatology, Chiropractic, and Podiatry***. Referrals do not cover office-based procedures that require authorization.



## Molina Healthcare 2020 Prior Authorization Guide Effective April 1, 2020

### Important Molina Healthcare Provider Contact Information

|  |   |
|--|---|
| <b>Prior Authorizations and Admissions (Including Long-Term Care Authorizations):</b> <ul style="list-style-type: none"> <li>▪ Phone: 1 (855) 322-4076</li> <li>▪ Fax: 1 (866) 440-9791</li> </ul> | <b>Provider Customer Service:</b> <ul style="list-style-type: none"> <li>▪ Phone: 1 (855) 322-4076</li> <li>▪ Fax: 1 (562) 499-0719</li> </ul>  |
| <b>Transplant Authorizations:</b> <ul style="list-style-type: none"> <li>▪ Phone: 1 (855) 714-2415</li> <li>▪ Fax: 1 (877) 813-1206</li> </ul>   | <b>24 Hour Nurse Advice Line:</b><br>English - <ul style="list-style-type: none"> <li>▪ 1 (888) 275-8750</li> <li>▪ TTY: 1 (866) 735-2929</li> </ul> Spanish: <ul style="list-style-type: none"> <li>▪ 1 (866) 648-3537</li> <li>▪ TTY: 1 (866) 833-4703</li> </ul> |
| <b>Behavioral Health Authorizations: Beacon Health</b> <ul style="list-style-type: none"> <li>▪ Phone: 1 (800) 221-5487</li> <li>▪ Fax: 1 (617) 747-1230</li> </ul>                                | <b>Transportation: Access2Care Transportation</b> <ul style="list-style-type: none"> <li>▪ Phone: 1 (888) 278-4781</li> </ul>   |
| <b>Pharmacy Authorizations:</b> <ul style="list-style-type: none"> <li>▪ Phone: 1 (855) 322-4076</li> <li>▪ Fax: 1 (866) 236-8531</li> </ul>   | <b>Vision Care: iCare Solutions</b> <ul style="list-style-type: none"> <li>▪ Phone: 1 (855) 373-7627</li> </ul>   |

Refer to Molina’s Provider website or portal for specific codes that require authorization.

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

Available Portal features include: \*Authorization Submission and Status \* Provider Disputes/Appeals \* Download Frequently Used Forms \* Claims Submission and Status \* Member Eligibility \* Provider Directory \* Nurse Advice Line Report \* Referral Submission and Status



**Molina Healthcare**

**Prior Authorization/Pre-Service Request Form**

Phone Number: 1-855-322-4076

Fax Number: (MMA/LTC/MP) 1-866-440-9791 Fax Number: (MCR) 1-866-472-9509

| MEMBER INFORMATION |   |  |       |
|--------------------|---|--|-------|
| Plan:              | <input type="checkbox"/> Molina Medicaid (MMA)<br><input type="checkbox"/> Medicare (MCR) | <input type="checkbox"/> Long-Term Care<br><input type="checkbox"/> Marketplace (MP) |       |
| 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  |  |  |  |
|--|--|--|--|
| <b>Inpatient</b><br><input type="checkbox"/> Surgical procedures<br><input type="checkbox"/> Admissions<br><input type="checkbox"/> SNF<br><input type="checkbox"/> LTAC | <b>Outpatient</b><br><input type="checkbox"/> Surgical Procedure<br><input type="checkbox"/> Diagnostic Procedure<br><input type="checkbox"/> Pain Management<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST<br><input type="checkbox"/> Infusion Therapy | <input type="checkbox"/> Home Health<br><input type="checkbox"/> DME<br><input type="checkbox"/> In Office |
| <b>Diagnosis Code &amp; Description:</b>   |  |  |  |
| <b>CPT/HCPC/J Code &amp; Description*:</b>   |  |  |  |
| <b>Strength/Dosage &amp; Frequency for above J-Codes**</b>   |  |  |  |
| <b>Number of visits requested:</b>   |  | DOS From: / / to / /   |  |

***Please send clinical notes and any supporting documentation.***

**\*All labs should be sent to a Participating Laboratory**

**\*\*If multiple CPT or J-Codes, please submit this form along with a separate attachment.**

| PROVIDER INFORMATION                     |       |             |       |
|--|-------|-------------|-------|
| Requesting Provider Name:                |       | NPI#:       | TIN#: |
| Servicing Provider or Facility:          |       | NPI#:       | TIN#: |
| Contact at Requesting Provider's office: |       |             |       |
| Phone Number:                            | ( ) - | Fax Number: | ( ) - |
| <b>For Molina Use Only:</b>              |       |             |       |

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.