

MOLINA HEALTHCARE MARKETPLACE

PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE

EFFECTIVE: 1/1/2020

**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.**

EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

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

- | | |
|--|--|
| <ul style="list-style-type: none"> ● Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services: ● Inpatient, Transitional Substance Abuse Residential Treatment, Partial hospitalization. ● Electroconvulsive Therapy (ECT); ● Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD). ● Cosmetic, Plastic and Reconstructive Procedures (in any setting). No PA Required with breast CA Dx (Z85.3) ● Durable Medical Equipment - <i>Contact Coastal Care Services at: 855-481-0505</i> ● 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. ● Healthcare Administered drugs: Auth required for all places of service. ● Home Healthcare Services (including home-based OT/PT/ST): <i>Contact Coastal Care Services at: 855-481-0505.</i> ● Hyperbaric Therapy. ● Imaging and Special Tests ● Elective Inpatient Admissions: 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: <ul style="list-style-type: none"> ● Emergency and Urgently Needed Services; ● Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or inpatient stay; ● Local Health Department (LHD) services; ● Radiologists, anesthesiologists, and pathologists professional services when billed for POS 19, 21, 22, 23 or 24. ● PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting. ● Other services based on State requirements | <ul style="list-style-type: none"> ● Occupational Therapy: <i>Contact American Therapy Administrators of Florida (ATA-FL/HN1) at: 888-550-8800 - After initial evaluation. *All Therapies in a Hospital Setting require PA.</i> ● Office visits and office-based procedures do not require authorization, unless specifically included in another category, i.e. advanced imaging 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. ● Physical Therapy: <i>Contact American Therapy Administrators of Florida (ATA-FL/HN1) at: 888-550-8800 - After initial evaluation. *All Therapies in a Hospital Setting require PA.</i> ● Prosthetics/Orthotics ● Radiation Therapy and Radiosurgery (for selected services only). ● Sleep Studies: Except Home (POS 12) sleep studies ● Speech Therapy: <i>Contact American Therapy Administrators of Florida (ATA-FL/HN1) at: 888-550-8800 - After initial evaluation. *All Therapies in a Hospital Setting require PA.</i> ● Transplants/Gene Therapy including Solid Organ and Bone Marrow (Cornea transplant does not require authorization). ● Transportation (Ground): Contact Access2Care
Transportation at: 1 (888) 278-4781 <ul style="list-style-type: none"> ○ Non-Emergent Ground Transportation ○ All Ground Transportation Mileage ● Transportation (Air): Contact Molina Healthcare ● 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. ● Vision: Please contact VSP at 1 (800) 877-7195 or visit their website at www.vsp.com/advantage |
|--|--|

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKET PLACE 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 (855) 322-4076

Important Molina Healthcare Market Place Contact Information

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

SERVICE AREA	PHONE	FAX	SERVICE AREA	PHONE	FAX
Prior Authorizations:	1 (888) 560-5716	1 (866) 440-9791	Pharmacy Authorizations:	1 (888) 560-5716	1 (866) 236-8531
Member Service Benefits/Eligibility:	1 (866) 472-4585	1 (866) 442-6445	Provider Customer Service:	1 (888) 560-5716	1 (562) 499-0719
Behavioral Health Authorizations:	1 (800) 221-5487	1 (617) 747-1230	Vision (VSP):	1 (800) 877-7195	www.vsp.com/advantage
Radiology Authorizations:	1 (855) 714-2415	1 (877) 731-7218	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
Transplant Authorizations:	1 (855) 714-2415	1 (877) 813-1206			
NICU Authorizations:	1 (855) 714-2415	1 (877) 731-1220			

Providers may utilize Molina Healthcare's Website at:

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

Available features include:

- Authorization submission and status
- Download Frequently used forms
- Provider Directory
- Provider Disputes and Appeals
- Claims submission and status
- Member Eligibility
- Nurse Advice Line Report
- Referral Submission and Status

**Molina[®] Healthcare - Marketplace
Prior Authorization Request Form
[Please reference Contact/Fax Numbers above]**

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Market Place	<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	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other: _____	<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Pain Management	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Wheelchair <input type="checkbox"/> 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 (for Molina Marketplace members, this includes grace period status), benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement. For additional information on a member's grace period status, please contact Molina Healthcare.