

# MOLINA HEALTHCARE

## MMA/LTC PRIOR AUTHORIZATION/PRE-SERVICE REVIEW

### GUIDE

### EFFECTIVE: 1/1/2020

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

THIS PRIOR AUTHORIZATION/PRE-SERVICE GUIDE APPLIES TO ALL MOLINA HEALTHCARE MEDICAID MEMBERS ONLY  
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

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| <ul style="list-style-type: none"> <li>● <b>Allergy Testing - *Excluded for Specialties:</b><br/>Allergy, Allergy &amp; Immunology, Otolaryngology, Pulmonology</li> <li>● <b>Acupuncture</b></li> <li>● <b>Art Therapy</b></li> <li>● <b>Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:</b> <ul style="list-style-type: none"> <li>● Behavioral Health Assessment</li> <li>● Behavioral Health Overlay</li> <li>● Therapy Services (Family/Group/Individual)</li> <li>● Medication Assisted Treatment</li> <li>● Mental Health Targeted Case Management</li> <li>● Psychological Testing</li> <li>● Psychosocial Rehabilitation Services</li> <li>● Specialized Therapeutic Services</li> <li>● Statewide Inpatient Psychiatric Program Services</li> <li>● Therapeutic Behavioral On-Site Services</li> </ul> </li> <li>● <b>Cosmetic, Plastic and Reconstructive Procedures (in any setting).</b></li> <li>● <b>Durable Medical Equipment:</b> <i>Contact Coastal Care Services at: 855-481-0505 (MMA Only. LTC and Comp – Contact Molina Healthcare)</i></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>Healthcare Administered Drugs (oral or injectable):</b> Refer to Molina's Provider website or portal for specific codes that require authorization.</li> <li>● <b>Hearing Aids</b> – including anchored hearing aids.</li> <li>● <b>Home Healthcare and Home Infusion (Including Home PT, OT or ST):</b> <i>Contact Coastal Care Services at: 855-481-0505 Home Healthcare</i> - After initial evaluation plus six (6) visits. <b>Home PT, OT, ST</b> – After initial evaluation. <b>NOTE:</b> Certain infusion drugs may be subject to prior authorization before services are rendered. <b>(MMA Only. LTC and Comp – Contact Molina Healthcare)</b></li> <li>● <b>Home Delivered Meals</b> – Disaster Preparedness/Relief</li> <li>● <b>Housing Assistance</b></li> <li>● <b>Hyperbaric Therapy</b></li> <li>● <b>Imaging and Special Tests:</b> Refer to Molina's Provider website or portal for specific codes that require authorization.</li> <li>● <b>In-Lieu Of Services:</b> See In-Lieu Of Services section below.</li> <li>● <b>Inpatient Admissions:</b> Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility.</li> <li>● <b>Lab Services:</b> except those performed by Quest Laboratories and those allowed in a participating physician's office</li> <li>● <b>Long Term Services and Support (LTC Services)</b></li> <li>● <b>Massage Therapy</b></li> <li>● <b>Meals – Non-Emergency Day Trips</b></li> </ul> | <ul style="list-style-type: none"> <li>● <b>Non-Par Providers/Facilities except for:</b> <ul style="list-style-type: none"> <li>○ Emergency Department Services;</li> <li>○ Professional fees associated with ER visit and approved</li> <li>○ Ambulatory Surgery Center (ASC) or inpatient stay;</li> <li>○ Local Health Department (LHD) services;</li> </ul> </li> <li>● <b>Nutritional Counseling</b></li> <li>● <b>Observation Stays</b></li> <li>● <b>Occupational Therapy: (Free Standing facilities)</b> <i>Contact American Therapy Administrators of Florida (HN1) at: 888-550-8800</i> After initial evaluation. *All Therapies in a Hospital Setting require PA.</li> <li>● <b>Office visits and office-based procedures require a referral, but 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> See Important Information section below.</li> <li>● <b>Oral Surgery Services:</b> Refer to Molina's Provider website or portal for specific codes that require authorization.</li> <li>● <b>Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:</b> Refer to Molina's Provider website or portal for specific codes that require authorization.</li> <li>● <b>Pain Management Procedures:</b> except trigger point injections.</li> <li>● <b>Pet Therapy</b></li> <li>● <b>Physical Therapy: (Free Standing facilities)</b> <i>Contact American Therapy Administrators of Florida (HN1) at: 888-550-8800</i> - After initial evaluation. *All Therapies in a Hospital Setting require PA.</li> <li>● <b>Post-Discharge Meals</b></li> <li>● <b>Private Duty Nursing:</b> Refer to Molina's Provider website or portal for specific codes that require authorization.</li> <li>● <b>Prosthetics/Orthotics</b></li> <li>● <b>Radiation Therapy and Radiosurgery (for selected services only):</b> Refer to Molina's Provider website or portal for specific codes that require authorization.</li> <li>● <b>Respiratory Therapy</b></li> <li>● <b>Sleep Studies:</b> (Except Home sleep studies)</li> <li>● <b>Speech Therapy: (Free Standing facilities)</b> <i>Contact American Therapy Administrators of Florida (HN1) at: 888-550-8800</i> - After initial evaluation *All Therapies in a Hospital Setting require PA.</li> <li>● <b>Transplants/Gene Therapy, including Solid Organ and Bone Marrow:</b> (Cornea transplant does not require authorization);</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 pricing must be submitted with the request.</li> </ul> |
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**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.

**In-Lieu Of Services (All Services Require Prior Authorization)**

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| <ul style="list-style-type: none"> <li>• <b>Addictions Receiving Facility Services</b></li> <li>• <b>Ambulatory Detoxification Services</b></li> <li>• <b>Behavioral Health Services – Child Welfare:</b><br/>Must be in the custody of the Department of Children &amp; Families (DCF)</li> <li>• <b>Community-Based Wrap-Around Services</b></li> <li>• <b>Crisis Stabilization Units</b></li> <li>• <b>Drop-In Center Services</b></li> <li>• <b>Family Training and Counseling for Child Development</b></li> <li>• <b>Infant Mental Health Pre/Post Testing Services</b></li> <li>• <b>Mental Health Partial Hospitalization Program Services</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Mobile Crisis Assessment and Intervention Services</b></li> <li>• <b>Multi-Systemic Therapy Services</b></li> <li>• <b>Partial Hospitalization Services</b></li> <li>• <b>Psychiatric Specialty Hospital Services</b></li> <li>• <b>Self-Help/Peer Services</b></li> <li>• <b>Substance Abuse Intensive Outpatient Programs</b></li> <li>• <b>Substance Abuse Short-Term Residential Treatment Services</b></li> </ul> |
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**IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID 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

**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.**

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Important Molina Healthcare Medicaid Contact Information	
<p><b>Prior Authorizations:</b> Phone: 1 (855) 322-4076 Fax: 1 (866) 440-9791</p> <p><b>Long-Term Care Authorizations</b> Phone: 1 (888) 493-5537</p> <p><b>Behavioral Health Authorizations: Beacon Health</b> Phone: 1 (800) 221-5487 Fax: 1 (617) 747-1230</p> <p><b>NICU Authorizations:</b> Phone: 1 (855) 714-2415 Fax: 1 (877) 731-7220</p> <p><b>Pharmacy Authorizations:</b> Phone: 1 (855) 322-4076 Fax: 1 (866) 236-8531</p> <p><b>Transplant Authorizations:</b> Phone: 1 (855) 714-2415 Fax: 1 (877) 813-1206</p>	<p><b>Provider Customer Service:</b> Phone: 1 (855) 322-4076 Fax: 1 (562) 499-0719</p> <p><b>24 Hour Nurse Advice Line</b> English: 1 (888) 275-8750 TTY: 1 (866) 735-2929 Spanish: 1 (866) 648-3537 TTY: 1 (866) 833-4703</p> <p><b>Transportation: Access2Care Transportation</b> Phone: 1 (888) 278-4781</p> <p><b>Vision Care: iCare Solutions</b> Phone: 1 (855) 373-7627</p> <p><b>Diagnostic Services Authorizations:</b> Fax: 1 (877) 731-7218</p>

**Providers may utilize Molina Healthcare’s Portal at:**  
<https://provider.molinahealthcare.com/Provider/Login>

**Available features include:**

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| <ul style="list-style-type: none"> <li>• <b>Authorization Submission and Status</b></li> <li>• <b>Claims Submission and Status</b></li> <li>• <b>Member Eligibility</b></li> <li>• <b>Provider Disputes/Appeals</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Download Frequently Used Forms</b></li> <li>• <b>Provider Directory</b></li> <li>• <b>Nurse Advice Line Report</b></li> <li>• <b>Referral Submission and Status</b></li> </ul> |
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**Molina Healthcare**  
**Medicaid Prior Authorization/Pre-Service Request Form**

Phone Number: 1 (855) 322-4076

Fax Number: 1 (866) 440-9791

MEMBER INFORMATION			
<b>Plan:</b>	<input type="checkbox"/> <b>Molina Medicaid (MMA)</b>		<input type="checkbox"/> <b>Long-Term Care</b>
<b>Member Name:</b>		<b>DOB:</b>	/ /
<b>Member ID#:</b>		<b>Phone:</b>	( ) -
<b>Service Type:</b>	<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>	<b>Outpatient</b>	<input type="checkbox"/> <b>Home Health</b>	
<input type="checkbox"/> Surgical procedures	<input type="checkbox"/> Surgical Procedure <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST	<input type="checkbox"/> <b>DME</b>	
<input type="checkbox"/> Admissions	<input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> <b>In Office</b>	
<input type="checkbox"/> SNF	<input type="checkbox"/> Pain Management		
<input type="checkbox"/> LTAC	<input type="checkbox"/> Other: _____		
<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.