

# Provider Memorandum

## Prior Authorization for Rehabilitation Services

Molina Healthcare of Illinois (Molina) has prior authorization requirements in place for rehabilitation services offered to Molina Medicaid and Medicare-Medicaid Plan (MMP) members. Rehabilitation Services include:

- Physical therapy
- Occupational therapy
- Speech therapy

### Molina's Prior Authorization Requirement

Physical therapy, occupational and speech therapy service providers may bill Molina for a maximum number of sessions per year as shown below:

- Occupational therapy (OT): Prior authorization required after initial evaluation plus 12 visits for OT per calendar year.
- Physical therapy (PT): Prior authorization required after initial evaluation plus 12 visits for PT per calendar year.
- Speech therapy (ST): Prior authorization required after initial evaluation plus 6 visits for ST per calendar year.

Therapy that is expected to exceed the annual maximum requires prior authorization from Molina. Claims accumulators are based on claims within a calendar year and not accumulated by provider.

### Molina Prior Authorization Process

By requesting prior authorization, providers agree that the services are medically necessary and a covered benefit under Medicare or Illinois Medicaid. Information required to support authorization includes:

- 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 note
- 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 his/her ability to regain maximum function.

### Requesting Prior Authorization

Participating Providers are required to use the Molina Provider Portal, <https://provider.molinahealthcare.com/provider/login>, for prior authorization submissions whenever possible. Instructions for submitting a prior authorization request are available on the Molina Provider Portal.

Providers may also fax the Prior Authorization Request Form to Molina at (866) 617-4971. Please include the supporting documentation with the request.

Services authorized near the end of the year will end on December 31, and a new accumulation period will begin on the first of the calendar year.

Molina will not reimburse for services not considered medically necessary. Participating providers may not balance bill members for any uncollected charges consistent with Medicare and Medicaid billing guidelines.

**Questions**

Questions can be directed to your Molina provider network manager or the Provider Network Management Department via email at [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com).

To locate your provider network manager, visit Molina's service area page at <http://www.molinahealthcare.com/providers/il/medicaid/contacts/Pages/servicearea.aspx>.