MOLINA HEALTHCARE

Molina Healthcare of Michigan
Medicaid, Medicare, and MMP Prior Authorization/Pre-Service Review Guide
Effective: January, 2016

Use Clear Coverage for faster turnaround times.
Contact Provider Services for details

*****Referrals to Network Specialists and office visits to contracted (par) providers do not require Prior Authorization*****
*****Please Note MICHILD has transitioned to Medicaid as of 01/01/2016*****

This Prior Authorization/Pre-Service Guide applies to
all Molina Healthcare Medicaid and Medicare Members – excludes Marketplace
Refer to Molina's website or portal for specific codes that require authorization
Only covered services are eligible for reimbursement

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
  - Inpatient, Partial hospitalization
  - Outpatient Electroconvulsive Therapy (ECT)
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting)**
- **Durable Medical Equipment:** Refer to Molina's Provider website or portal for specific codes that require authorization.
  - Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462
- **Experimental/Investigational Procedures**
- **Genetic Counseling and Testing except:** Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations.
- **Home Healthcare and Home Infusion:** After initial evaluation plus six (6) visits.
- **Hyperbaric Therapy**
- **Imaging, Advanced and Specialty Imaging:** Refer to Molina's website or portal for specific codes that require authorization
- **Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Long Term Acute Care (LTAC) Facility**
- **Long Term Services and Supports:** Refer to Molina's Provider website or portal for specific codes that require authorization. Not a Medicare covered benefit. **MMP Covered Benefit.**
- **Neuropsychological and Psychological Testing**
- **Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:**
  - Emergency Department services
  - Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
  - Women's Health, Family Planning and Obstetrical Services
  - Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) / Tribal Health Center (THC)
  - Child and Adolescent Health Center Services Local Health Department (LHD) services
  - Other services based on state requirements
- **Occupational Therapy**: After initial evaluation plus Thirty-six (36) visits for outpatient and home settings. Medicare- PA required after $1960 CAP reached for OT.
- **Office Visits & Office Based Surgical Procedures at PAR providers do not require prior authorization**
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Pain Management Procedures:** except trigger point injections (Acupuncture is not a Medicare covered benefit).
- **Physical Therapy:** After initial evaluation plus Thirty-six (36) visits for office, outpatient and home settings. Medicare-PA required after $1960 CAP reached for PT/ST Combined.
- **Prosthetics/Orthotics:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Radiation Therapy and Radiosurgery (for selected services only):** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Sleep Studies:(Except Home Sleep Studies)**
- **Specialty Pharmacy drugs (oral and injectable):** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Speech Therapy:** After initial evaluation plus six (6) visits for outpatient and *home settings. (*Medicare only, Medicaid does not cover home ST)
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)
- **Transportation:** non-emergent Air Transport
- **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.

***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. (Medicaid benefit only)**

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID and MEDICARE

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 (888) 898-7969.

Important Molina Healthcare Medicaid and Medicare Information

Prior Authorizations: 8:30 a.m. – 5:00 p.m.
Phone: 1(888) 898-7969 Medicaid Fax: 1(800) 594-7404
Medicare Fax:1 (888) 295-7665

Radiology Authorizations:
Phone:1(855) 714-2415 Fax: 1(877) 731-7218

NICU Authorizations:
Phone:1(855) 714-2415 Fax: 1877- 731- 7218

Pharmacy Authorizations:
Medicaid: 1(888) 898-7969 Fax: 1(888) 373-3059
Medicare:1 (888) 665-1328 Fax: 1(866) 290-1309

Behavioral Health Authorizations:
Phone: 1(888) 898-7969Medicaid Fax: 1(800) 594-7404
Medicare Fax: 1(888) 295-7665

Transplant Authorizations:
Phone: 1(855) 714-2415 Fax:1 (877) 731-7218

Member Customer Service Benefits/Eligibility:
Medicaid: Phone: 1(888) 898-7969 Fax:1 (248) 925-1765
Medicare: Phone:1(800) 665-3072 Fax: 1(801) 858-0409
MMP/MI Health Link: Phone: 1(855)735-5604
TTY/TDD: Medicaid: 1(800) 649-3777
TTY/TDD: Medicare: 711 or (800) 346-4128

Medicaid Provider Customer Service:
8:00 a.m. – 5:00 p.m.
Phone: 1(855) 322-4077 Fax: 1(248) 925-1784

Medicare Provider Customer Service:
8:00 a.m. – 6:00 p.m.
Phone: 1(800) 665-3072 Fax: 1(248) 925-1784

MMP Provider Customer Service:
8:00 a.m. – 8:00 p.m.
Phone: 1(855)322-4077 Fax: 1(248) 925-1784

24 Hour Nurse Advice Line
English: 1(888) 275-8750 TTY:1 (866) 735-2929
Spanish:1(866) 648-3537 TTY:1(866) 833-4703

Vision Care:
Phone: 1(888) 493-4070 Fax:1(877) 627-2488

Dental: (Medicare Only)
Phone: 1(800) 327-4462

Transportation
Medicaid Phone: 1(866) 712-1063
Medicare Phone: 1(866) 475-5423
DSNP/Secure Transportation: 1(844)644-6356

Providers may utilize Molina Healthcare's eWeb at: www.molinahealthcare.com
Available features include:

- **Authorization submission and status**
- **Claims submission and status**
- **Download Frequently used forms**
- **Member Eligibility**
- **Provider Directory**
- **Nurse Advice Line Report**

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Molina Healthcare of Michigan
Medicaid and Medicare Prior Authorization Request Form
Phone: (888) 898-7969
Medicaid Fax: (800) 594-7404 / **Medicare Fax:** (888) 295-7665
Radiology, NICU, and Transplant Authorizations: Phone: (855) 322-4077 / **Fax:** (877) 731-7218

MEMBER INFORMATION			
Plan:	☐ **Molina Medicaid**	☐ **Molina Medicare**	☐ **Other:** ☐
Member Name:		**DOB:**	/ /
Member ID#:		**Phone:**	( ) -
Service Type:	☐ Elective/Routine	☐ Expedited/Urgent*	

***Definition of Urgent / Expedited 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 (incl. ER) ☐ SNF ☐ LTAC ☐ Rehab	**Outpatient** ☐ Surgical Procedure ☐ PT ☐OT ☐ST ☐ Hyperbaric Care ☐ Other:	☐ Habilitative Therapy ☐ Diagnostic Procedure ☐ Infusion Therapy	☐ **Home Health** ☐ **DME** ☐ **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:			
Facility Providing Service:			
Rendering Facility Tax ID #:			
Rendering Facility Address:			
Contact at Requesting Provider's office:			
Phone Number:	( ) -	Fax Number:	( ) -

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For Molina Use Only: