Provider News Bulletin
December 1, 2014

Prior Authorization Guide/Matrix Update Effective January 1, 2015
Prior Authorization Simplified

Thank you for being a partner to Molina Healthcare of New Mexico, Inc. (Molina Healthcare), and for taking good care of our Members. To make it as easy as possible for you to do both**, we've improved our prior authorization (PA) process**. Effective immediately, we've made the following changes:

Prior Authorization is no longer required for:

- Outpatient Behavioral Health visits for adults and children for Centennial Care;
- Enteral formula and supplements for Medicaid members; and
- Adults (age 21& older) Physical Therapy/Occupational Therapy/Speech Therapy, for the initial evaluation plus 6 visits per therapy per calendar year for all lines of business.

Prior Authorization is still required for –

- Physical Therapy/Occupational Therapy/Speech Therapy beyond the initial 6 visits per therapy per calendar year; and
- Enteral formula for Medicare Members.

The updated 2015 Prior Authorization by CPT Code Guide will be made available on the Molina Healthcare Website at www.MolinaHealthcare.com on or before January 1, 2015.

In addition, the following changes for Inpatient Concurrent Review will be effective January 1, 2015:

- For hospital stays which exceed any pre-approved number of bed days or level of care, concurrent review of medical necessity is required. Records to support concurrent utilization review must be submitted by fax toll free to **(866) 472-4575** within twenty-four (24) hours
- Concurrent utilization review is required for **all** contracted facilities. Review documentation is to be faxed toll free to **(866) 472-4575** within twenty-four (24) hours, refer to "Concurrent Inpatient Admission Review" process is outlined in the Provider Manual that is located on the Molina Healthcare Provider Website at www.MolinaHealthcare.com.
    - All weekend and/or holiday inpatient or hospital observation admissions are subject to retrospective review for medical necessity;
    - For admissions over the weekend/holiday, facility reviews are expected to contain appropriate clinical evidence of services administered over the weekend/holiday;

As always, our goal is to provide you with excellent customer service and support. If you have any questions, please call Provider Services toll free at (800) 377-9594, Monday through Friday between 8:00 a.m. and 5:00 p.m.

Molina Healthcare Medicaid and Medicare
Prior Authorization/Pre-Service Review Guide
Effective: 01/01/2015

Use the Molina web portal 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

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, Residential Treatment, Partial hospitalization, Day Treatment, Electroconvulsive Therapy (ECT)
  - Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD)
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting)**
- **Dental General Anesthesia:** > 7 years old or per state benefit (Not a Medicare covered benefit)
- **Dialysis:** one time only notification
- **Durable Medical Equipment:** Refer to Molina's website or portal for specific codes that require authorization.
  - Medicare Hearing Supplemental benefit: Contact Avesis toll free at (800) 327-4462
- **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
- **Habilitative Therapy –** After initial evaluation plus six (6) visits for outpatient and home settings (per state benefit)
- **Home Healthcare and Home Infusion:** After initial evaluation plus six (6) visits
- **Hospice & Palliative Care:** notification only.
- **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), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice** (Hospice requires notification only)
- **Long Term Services and Supports:** Refer to Molina's website or portal for specific codes that require authorization. Not a Medicare covered benefit. http://www.molinahealthcare.com/providers/nm/medicaid/forms/PDF/PA_Codification.pdf
- **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
  - Other services based on state requirements
- **Occupational Therapy**: After initial evaluation plus six (6) visits for outpatient and home settings
- **Office-Based Procedures do not require authorization**
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:** Refer to Molina's 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 six (6) visits for outpatient and home settings
- **Pregnancy and Delivery:** notification only
- **Prosthetics/Orthotics:** Refer to Molina's website or portal for specific codes that require authorization
- **Radiation Therapy and Radiosurgery (for selected services only):** Refer to Molina's website or portal for specific codes that require authorization
- **Rehabilitation Services:** Including Cardiac, Pulmonary, and Comprehensive Outpatient Rehab Facility (CORF). CORF Services for Medicare only.
- **Sleep Studies**
- **Specialty Pharmacy drugs (oral and injectable)** Refer to Molina's website or portal for specific codes that require authorization
- **Speech Therapy:** After initial evaluation plus six (6) visits for outpatient and home settings.
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization)
- **Transportation:** non-emergent ambulance (ground and air)
- **Unlisted, Miscellaneous and T (Temporary) Codes:** Molina requires standard codes when requesting authorization. Should an unlisted, miscellaneous, or Temporary code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.
- **Wound Therapy**

***STERILIZATION NOTE: Federal guidelines require that at least thirty (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 toll free at (**800) 377-9495.**

Important Molina Healthcare Medicaid and Medicare Information

Monday through Friday 8:00 AM to 5:00 MT

Prior Authorizations:
Medicaid: 1 (877) 262-0187 Fax: 1 (888) 802-5711
Medicare: 1 (888) 825-9266 Fax: 1 (888) 802-5711

Pharmacy Authorizations:
Medicaid: 1 (800) 580-2811 Fax: 1 (866) 472-4578
Medicare: 1 (866) 440-0127 Fax: 1 (866) 450-3914

Behavioral Health Authorizations:
Medicare: 1 (888) 660-7185 Fax: 1 (888) 802-5711

Member Customer Service - Benefits/Eligibility:
Medicaid: 1 (800) 580-2811 Fax: 1 (505) 342-0595
Medicare: 1 (866) 440-0127 Fax: 1 (801) 858-0409
TTY/TDD: 1 (800)346-4128

Provider Customer Service: 8:00 a.m. – 5:00 p.m. M-F
Phone: (888) 825-9266 Fax: 1 (505) 342-4711

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: March Vision Services
Phone: 1 (888) 493-4070

Hearing Exam Benefits: Medicare (Avesis):
Phone: 1 (800) 327-4462

Dental:
Phone: 1 (800) 580-2811 (Medicaid - DentaQuest)
Phone: 1 (855) 214-6779 (Medicare-Avesis)

Transportation
Phone: 1 (888) 593-2052 (Medicaid – ITM)
Medicare – Logisticare:
Phone: 1 (866) 475-5423 (Reservations)
Phone: 1 (866) 474) 5331(Ride Assist)

Providers may utilize Molina Healthcare's Website 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**

Molina Healthcare Medicaid and Medicare Prior Authorization Request Form

Phone Number: (877) 262-0187
Fax Number: (888) 802-5711

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 ☐ ER Admits ☐ SNF ☐ Rehab ☐ LTAC	**Outpatient** ☐ Surgical Procedure ☐ Diagnostic Procedure ☐ Wound Care ☐ Other: ☐ Rehab (PT, OT, & ST) ☐ Chiropractic ☐ Infusion Therapy		☐ **Home Health** ☐ **DME** ☐ **In Office**
Diagnosis Code & Description:			
CPT/HCPC Code & Description:			
Number of visits requested:		Date(s) of Service:	

Please send clinical notes and any supporting documentation

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	( )	Fax Number:	( )

For Molina Use Only: