MOLINA® HEALTHCARE MEDICAID/ESSENTIAL PLAN PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE EFFECTIVE: 07/01/2018

REFER TO MOLINA'S PROVIDER WEBSITE 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.

- **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).
  - ACT/PROS services
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting). Durable**
- **Medical Equipment.**
- **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.
- **Home Healthcare Services:** After initial evaluation plus six (6) visits per calendar year.
- **Hyperbaric Therapy.**
- **Imaging, Advanced and Specialty.**
- **Inpatient Admissions:** Elective, 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:
  - Emergency Department Services;
  - Professional fees associated with ER visit and - approved Ambulatory Surgery Center (ASC) or - inpatient stay; -
  - Local Health Department (LHD) services;
  - Other services based on State Requirements.
- **Occupational, Physical and Speech therapies:** PA required only for Home OT/PT and ST. No PA required for OP Services, benefit limit of 40 visits per calendar year.
- **Office-Based Procedures 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.**
- **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures.**
- **Pain Management Procedures:** except trigger point injections.
- **Prosthetics/Orthotics.**
- **Radiation Therapy and Radiosurgery** (for selected - services only). -
- **Sleep Studies:** (Except home sleep studies). -
- **Specialty Pharmacy drugs.**
- **Transplants including Solid Organ and Bone Marrow** (Cornea transplant does not require authorization).
- **Transportation:** Non-emergent Air Transport. (Non-emergency transportation is covered by regular Medicaid through the local DSS. Members may get transportation services by calling Medical Answering Service (MAS). See numbers below).
- **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.

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 (800) 223-7242.

Important Molina Healthcare Medicaid Contact Information

(Service hours: 8am-6pm local time Mon-Fri, unless otherwise specified)

SERVICE AREA	PHONE	FAX	SERVICE AREA	PHONE	FAX
Prior Auths: Medical and BH	**Hours Mon-Fri: 8a-6p** 1 (800) 223-7242	1 (866) 879-4742	**Pharmacy Auths:** **MOLINA:** **SPECIALTY Rx:**	1 (800) 223-7242 1 (800) 223-7242	1 (844) 823-5479
Member Services, Benefits/Eligibility:	1 (800) 223-7242	1 (315) 234-9812	**Provider Services:** **(Ans. Svc. after hours)**	**Hours Mon-Fri: 8a-6p** 1 (877) 872-4716	1 (844) 879-4509
Radiology Auths:	1 (855) 714-2415	1 (877) 731-7218	**Dental:** **[HealthPlex]**	1 (888) 468-2183	1 (516) 228-5025
Vision:	1 (800) 223-7242		**Transportation:** **[MAS]**	Onondaga County: 1 (855) 852-3287 Cortland County: 1 (855) 733-9397 Tompkins County: 1 (866) 753-4543	

24 Hour Nurse Advice Line (7 days/week)
English/Spanish: 1 (800) 223-7242 / TTY: 711

Molina® Healthcare – Medicaid/Essential Plan
Prior Authorization Request Form

Utilization Management
Phone: 1-877-872-4716
Fax: 1-866-879-4742

MEMBER INFORMATION

Plan: ☐ **Molina® Medicaid** ☐ **Other:**

Member Name: **DOB:** / /

Member ID#: **Phone:** ( ) -

Service Type: ☐ Elective/Routine ☐ Expedited/Urgent[1]

[1]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
- ☐ Surgical procedures
- ☐ Admissions
- ☐ SNF
- ☐ LTAC

Outpatient
- ☐ Surgical Procedure
- ☐ Diagnostic Procedure
- ☐ Infusion Therapy
- ☐ Other: _____
- ☐ Hyperbaric Therapy
- ☐ Pain Management
- ☐ DME

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: ( ) -
Non-Participating/Non-Network Provider Name: _____Group Name: _____
Provider Address: _____ Group Tax ID: _____
City, State, Zip: _____ Medicaid ID (If Individual Provider): _____
Phone: _____ Fax: _____ Provider NPI: _____
Group NPI:_____

***For non-participating/non-network providers who do not complete this form, the form will be returned and may delay the determination for requested services.**

For Molina® Use Only:

Revised June, 2018