

Referrals to Network Specialists do not require Prior Authorization

**Authorization required for services listed below.
 Pre-Service Review is required for elective services.
 Only covered services will be paid**

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| <ul style="list-style-type: none"> • Abortion, Voluntary termination of pregnancy (elective abortion) • All Non-Par providers/services: services, including office visits, provided by non-participating providers, facilities and labs, <u>except professional services for ER visit, approved Ambulatory Surgical Center or inpatient stay</u>. ER visits do not require PA • All Inpatient Admissions: Acute hospital, SNF, Rehab, LTACS - Hospice requires notification only** • Behavioral Health: <ul style="list-style-type: none"> • >12 Office visits/calendar year for adults (age 21+) • > 20 Office visits/calendar year for children (age <21) • 20 Office visits/calendar year for adults – Medicare only • Inpatient • Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP)- Medicare only • Electroconvulsive Therapy (ECT) • Alcohol and Chemical Dependency Services • Cardiac Rehabilitation, Pulmonary Rehabilitation, and CORF (Comprehensive Outpatient Rehab Facility services for Medicare only) • Chiropractic Services <ul style="list-style-type: none"> • Medicaid: Follow ODJFS Guidelines • Medicare: PA needed • Cosmetic, Plastic and Reconstructive Procedures in any setting: which <u>are not usually covered</u> benefits include but are not limited to tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, and surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation or dermabrasion, botox injections, etc • Dental General Anesthesia: Medicaid only (Not a Medicare covered benefit) • Dialysis: notification only • Diapers / Incontinence products <ul style="list-style-type: none"> • Medicaid: Follow ODJFS Guidelines • Medicare (diapers not a Medicare covered benefit) • Durable Medical Equipment/Orthotics/Prosthetics: <ul style="list-style-type: none"> • Medicaid: Follow ODJFS Guidelines • Medicare: <ul style="list-style-type: none"> ○ >\$500 allowed amount per line item ○ All C-PAP and Bi-PAP ○ All Orthopedic footwear/orthotics/foot inserts ○ All customized orthotics, prosthetics, wheelchairs and braces ○ Hearing Aids – including anchored hearing aids
 Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462 • Enteral Formulas & Nutritional Supplements • Experimental/Investigational Procedures | <ul style="list-style-type: none"> • Genetic Counseling and Testing NOT related to pregnancy • Home Healthcare: <ul style="list-style-type: none"> ○ All home healthcare services (Medicaid only) ○ > 3 skilled nursing visits (Medicare only) • Home Infusion • Hysterectomy • Outpatient Hospice & Palliative Care: notification only** • Imaging: CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, intimal media thickness testing, three dimensional imaging (Fax requests to Centralized Advanced Imaging: 1-877-731-7218) • Neuropsychological and Psychological Testing and Therapy • Office-Based Surgical Procedures do not require auth except for Podiatry Surgical Procedures (excluding routine foot care) • Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures: (see “CPT codes Requiring Prior Authorization” list on Molina’s Web site for specific codes) • Pain Management Procedures: including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture (Not a Medicare covered benefit) • Pregnancy and Delivery: notification only • Sleep Studies • Specialty Pharmacy including, but not limited to: Hemophilia drugs, Enbrel, Lupron, Remicade, Avonex, Interferon, Xolair, Humira, Raptiva, Amevive, Synagis, Synvisc, growth hormone, monoclonal antibody, genomic preparations, etc. (except for specific state regulatory requirements) • Speech Therapy • Solid Organ and Bone Marrow Transplant Services: including the evaluation (except Cornea transplants) • Therapy- Physical and Occupational (PT / OT): After initial evaluation plus 12 visits (outpatient setting) for PT or OT or combination of both (no more than 12 combined visits) • Transportation: non-emergent ground and air ambulance • Unlisted CPT and miscellaneous codes: <ul style="list-style-type: none"> ○ All unlisted codes- Medicaid only ○ Unlisted / Misc codes >\$500 billed charges per line item (Medicare only) • Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy |
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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. Claims for these services cannot be paid until the appropriate ODJFS Consent Form has been received by Molina. (Medicaid benefit only)**

**** Notification Only accepted via telephone or claim submission**



**IMPORTANT INFORMATION FOR MOLINA
HEALTHCARE/MOLINA 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 or fax. Verbal and fax denials are given within one business day of making the denial decision, or sooner if required by the member’s condition.
- Providers 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 800-642-4168.

Delegation agreement with Health Network by Cincinnati Children’s (HNCC):

- Effective July 1, 2013: Prior Authorizations and Concurrent Review will be handled by HNCC for children living in the following eight counties: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren.
- Exceptions to the delegation agreement include Behavioral Health and Health Home members living in those counties, who will continue to receive services through Molina Healthcare of Ohio.
- Fax information for HNCC is provided on the Prior Authorization Request Form below.

Important Molina Healthcare/Molina Medicare Information

Molina Healthcare (Ohio Medicaid)
Prior Authorizations: 8:00 a.m. – 5:00 p.m.
 Phone: 800-642-4168 Fax: 866-449-6843
Imaging Authorizations:
 Phone: 855-714-2415 Fax: 877-731-7218
OB/NICU Authorizations:
 Phone: 800-642-4168 Fax: 866-449-6843
Pharmacy Authorizations:
 Phone: 800-642-4168 Fax: 800-961-5160
Behavioral Health Authorizations:
 Phone: 800-642-4168 Fax: 866-553-9262
Transplant Authorizations:
 Phone: 800-642-4168 Fax: 866-449-6843
Member Customer Service Benefits/Eligibility:
 (7:00 a.m. – 7:00 p.m.)
 Phone: 800-642-4168 TTY/TDD: 800-750-0750

Molina Medicare
Medicare Prior Authorizations: 8:00 a.m. – 5:00 p.m.
 (Services and behavioral health authorizations)
 Phone: 800-642-4168 Fax: 877-708-2116
Medicare Pharmacy Authorizations:
 Phone: 866-472-4584 Fax: 866-450-3914
Medicare Member Customer Service Benefits /Eligibility:
 (8:00 a.m. – 8:00 p.m.)
 Phone: 866-472-4584 TTY/TDD: 800-346-4128

Molina Healthcare (Ohio Medicaid) & Molina Medicare

Provider Customer Service: 8:00 a.m. – 5:00 p.m.
 Phone: 800-642-4168 Fax: 866-449-6843

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: 800-642-4168 Fax: 866-449-6843

Dental:
 Phone: 800-642-4168 Fax: 866-449-6843

Transportation:
 Phone: 800-642-4168 Fax: 866-449-6843

Providers may utilize Molina Healthcare’s ePortal at:
www.molinahealthcare.com

- Available features include:**
- Authorization submission and status
 - Claims submission and status (EDI only)
 - Download Frequently used forms
 - Member Eligibility
 - Provider Directory
 - Nurse Advice Line Report



**Molina Healthcare (Ohio Medicaid)/Molina Medicare
Prior Authorization Request Form**



Member Information

Plan: Molina Medicaid Advanced Imaging Molina Medicare Health Network by Cincinnati Children's
Fax: 866-449-6843 **Fax:** 877-731-7218 **Fax:** 877-708-2116 **Fax:** 877-402-8646

Member's Name: _____ DOB: _____ / _____ / _____

Member's ID#: _____ Member Phone #: _____ (____) _____

Service Is: 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 <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Chiropractic <input type="checkbox"/> Wound Care <input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Home Health
		<input type="checkbox"/> DME
		<input type="checkbox"/> In Office

ICD-9 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 @ Requesting Provider's: _____

Phone Number: (____) _____ Fax Number: (____) _____