

Preauthorization Information Navigation Guide

Molina believes in transparency and wants to provide clear guidelines for you to navigate, access, and understand the preauthorization information that we have available for you.

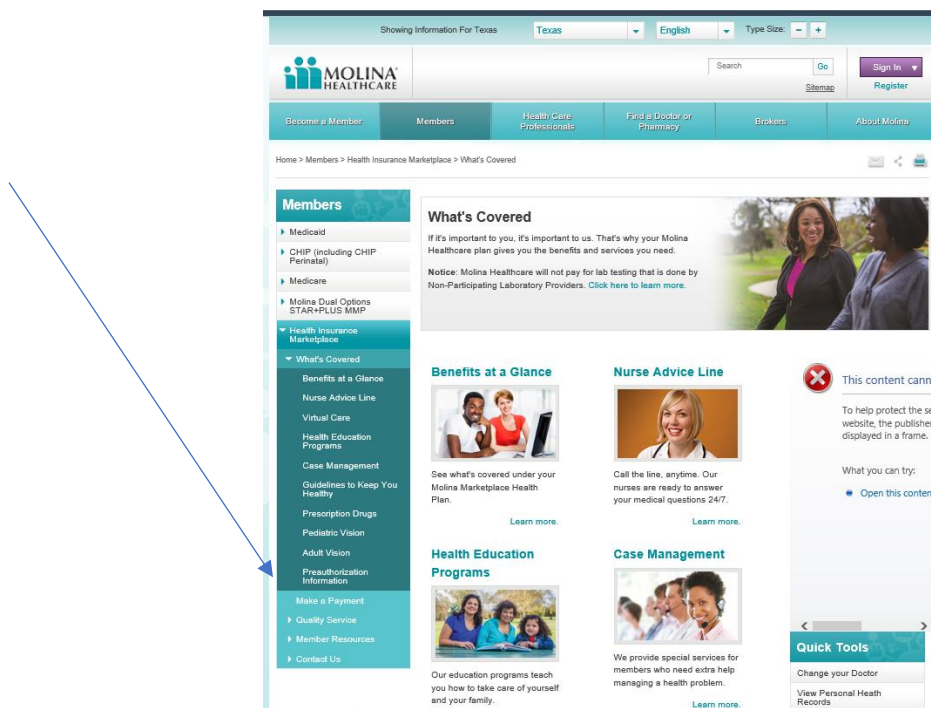
The purpose of this guide is to help you navigate the preauthorization information available on our website. If you have questions regarding the preauthorization process or any information included on our website, please contact Member Services at (888) 560-2025 or Provider Services at (855) 322-4080.

Prospective Members

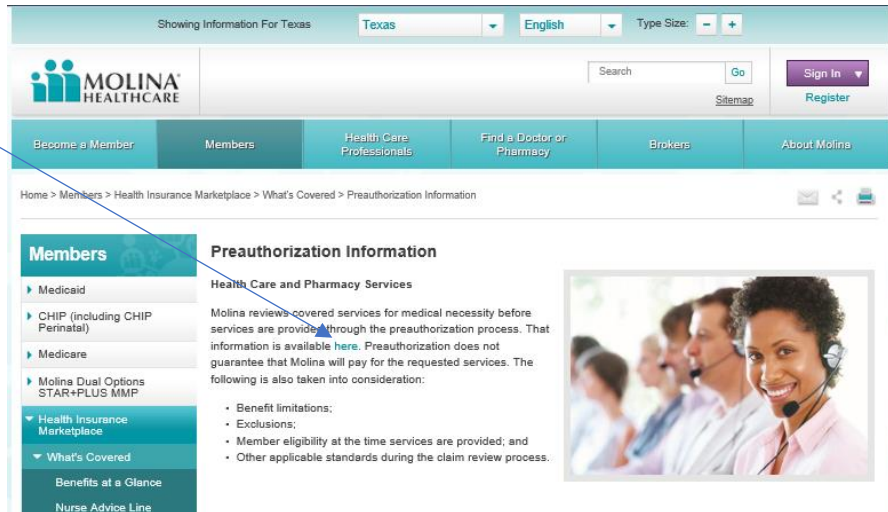
Prospective members can access Molina’s preauthorization information by clicking on the Health Insurance Marketplace section under the Become a Member tab on the Molina homepage.



Once in the Health Insurance Marketplace section of Molina’s website, members can select the Preauthorization Information link on the left-hand side of the screen.

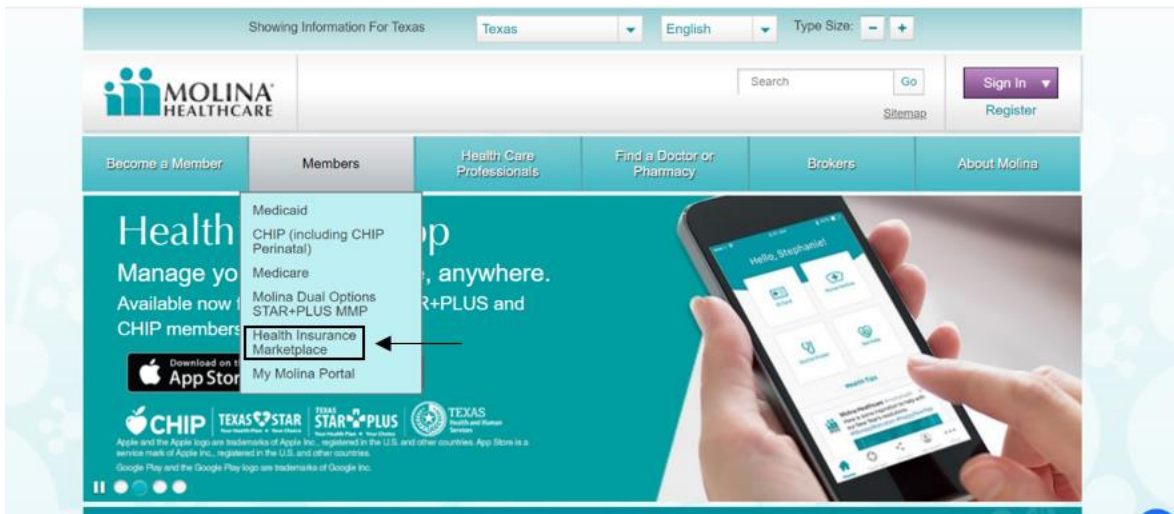


By clicking on the “here” link, prospective members will be directed to the Preauthorization Information available on our website.

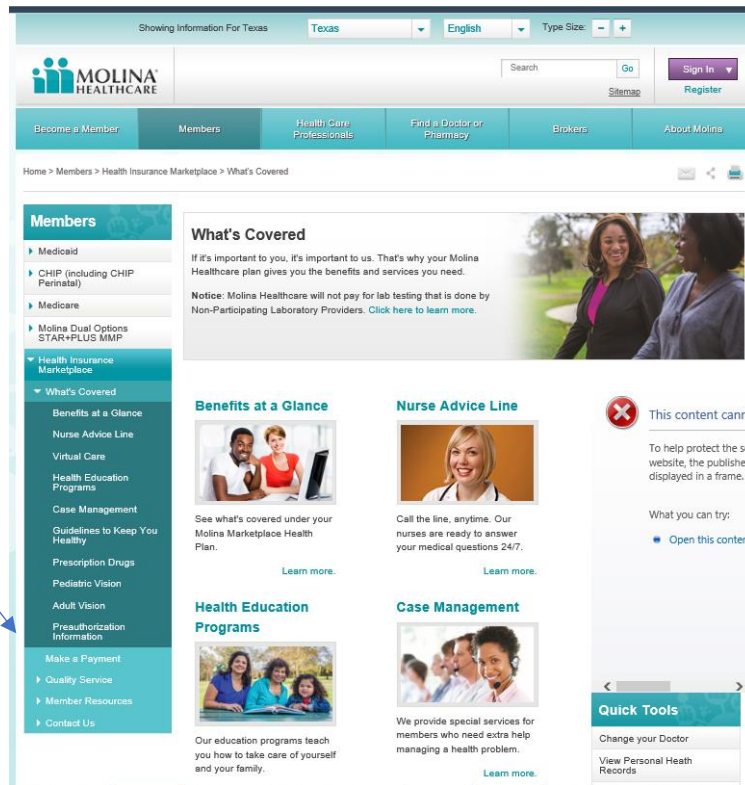


Members

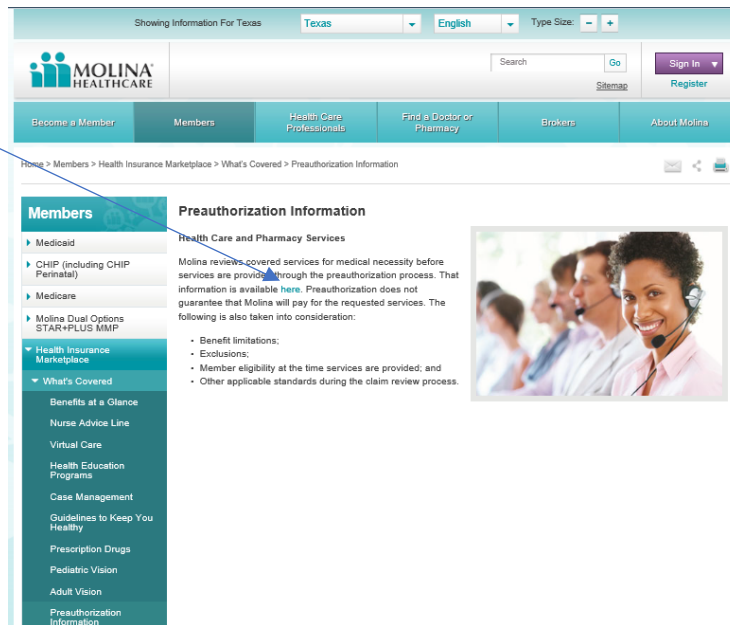
Current Molina members can access Molina’s preauthorization information by clicking on the Health Insurance Marketplace section under the Members tab on the Molina homepage.



Once in the Health Insurance Marketplace section of Molina’s website, members can select the Preauthorization Information link on the left-hand side of the screen.



By clicking on the “here” link, current members will be directed to the Preauthorization Information available on our website.

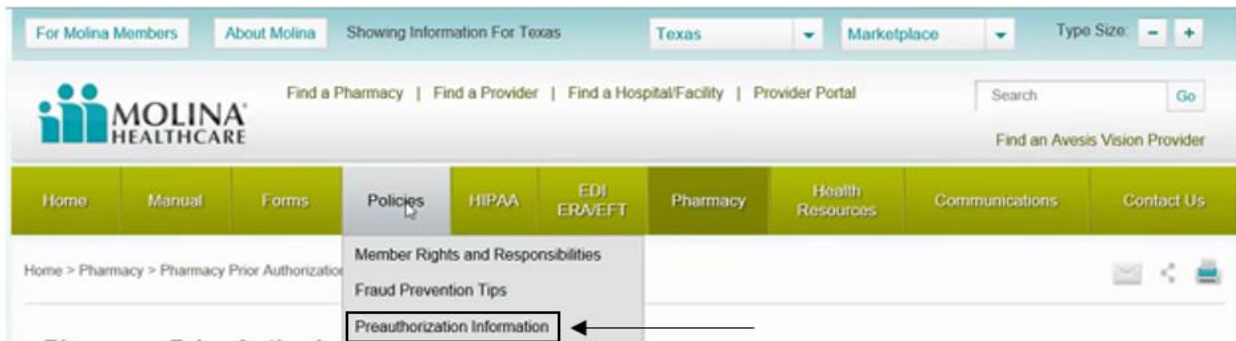


Providers

Providers can access Molina's preauthorization information by clicking on the Marketplace section under the Health Care Professionals on the Molina homepage.



Once in the Health Insurance Marketplace section of Molina's website, providers can select the Preauthorization Information link under the POLICIES dropdown.



Molina's Preauthorization Information

We have provided information regarding our preauthorization process and statistics related to each CPT code for which preauthorization is required.

Molina Preauthorization Information

The following preauthorization information is available to providers and the general public. Please Note: Preauthorization and Prior Authorization are referenced on the same basis.

Health Care Services

There are in excess of 14,800 billable service codes. Molina requires authorization for approximately 20% of these service codes. We recognize the delicate balance between appropriate utilization management and provider administrative burden. We review our preauthorization patterns and our requirements quarterly to assure the best use of preauthorization requirements.

Preauthorization Process Disclosure

At Molina Healthcare, it is not a condition of employment or part of the evaluation process to base performance ratings, allow compensation or financial incentives for:

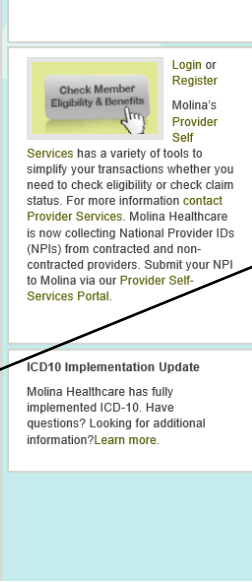
- The number of adverse benefit determinations
- Limitations on length of stay, benefits, service or charges
- The number or frequency of telephone calls or other contacts with health care providers or patients
- To encourage decisions that result in under-utilization
- Preauthorization decision-making is based only on the appropriateness of care, service and existence of coverage.

[Preauthorization Information Navigation Guide](#)
[Preauthorization Code Matrix](#)
[Preauthorization Guide](#)
[Preauthorization Statistics Abbreviation Guide](#)
[Preauthorization Forms click here](#)

Preauthorization Statistics

Molina believes in transparency and is providing preauthorization statistics for the prior calendar year.

By Provider type and Specialty
 By Indication Offered
 Approvals and Denials
 Summary of Appeals & Independent Review Organization



The screenshot shows a website navigation menu with the following items: "Check Member Eligibility & Benefits" (highlighted with a mouse cursor), "Login or Register", "Molina's Provider Self", "Services has a variety of tools to simplify your transactions whether you need to check eligibility or check claim status. For more information contact [Provider Services](#). Molina Healthcare is now collecting National Provider IDs (NPIs) from contracted and non-contracted providers. Submit your NPI to Molina via our [Provider Self-Services Portal](#).", and "ICD10 Implementation Update" (with a sub-link "Learn more").

On the webpage, you can click on any link to access the corresponding information.

Preauthorization Process Links

- [Preauthorization Information Navigation Guide](#)
- [Preauthorization Code Matrix](#)
- [Preauthorization Guide](#)
- [Preauthorization Statistics Abbreviation Guide](#)
- [Preauthorization Forms click here](#)

Preauthorization Code Matrix:

This document is a searchable document that allows you to enter a CPT code or service to find information about whether the code/service requires prior authorization. Press **Ctrl + F** to enter a specific CPT code or service. You will also find the documentation requirements to support a preauthorization request, and the criteria that is used to make medical necessity determinations about each specific CPT code/service.

Preauthorization Guide:

This is a quick reference guide that outlines important information surrounding the preauthorization process and service category guidelines. This document includes helpful direct contact phone numbers to appropriate Molina personnel who can address your questions.

Preauthorization Statistics Abbreviation Guide:

The purpose of this guide is to help you navigate through the Preauthorization Statistics document by defining abbreviations you may encounter in that document.

Preauthorization Statistics Links

- By Provider type and Specialty
- By Indication Offered
- Approvals and Denials
- Summary of Appeals & Independent Review Organization

By Provider type and Specialty:

Here you will find statistics about the prior year’s preauthorization requests by type of provider or specialty requested.

By Indication Offered:

Here you will find statistics about the diagnoses or indications that resulted in the preauthorization requests during the prior year.

Approvals and Denials:

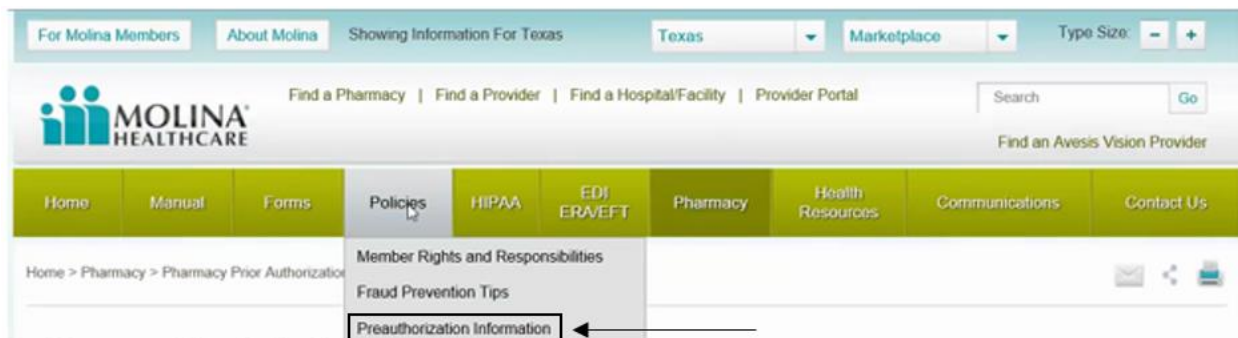
This link will take you to approval and denial statistics from the prior year per CPT code and determinations or outcomes of that request.

Summary of Appeals & Independent Review Organization:

This link provides information about adverse determinations from the prior year that were appealed and/or reviewed by an Independent Review Organization and the resolution of those appeals.

Screening Criteria


Providers and Consumers can hover on the Policies link at the top of the Marketplace Health Care Providers home page and select Preauthorization Information to access the specific sources that are referenced in the Preauthorization Code Matrix document as appropriate screening criteria used to evaluate preauthorization requests.



All Molina Clinical Policies or Molina Clinical Reviews referenced as applicable screening criteria for preauthorization determinations will be found here, in alphabetical order by document title.

Screening Criteria

This page contains the Molina internal screening criteria for preauthorization

The files below are in PDF format ()

[Molina Clinical Review: 3D Interpretation and Reporting of Imaging Studies](#)

[Molina Clinical Review: Abdomen CT](#)

[Molina Clinical Review: Abdomen CTA](#)

[Molina Clinical Review: Abdomen CTA with runoff](#)

[Molina Clinical Review: Abdomen MRA](#)

[Molina Clinical Review: Abdomen MRI](#)

[Molina Clinical Review: Abdomen Pelvic CTA](#)

[Molina Clinical Review: AbdomenPelvis CT](#)

[Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting](#)

If you have additional questions regarding the preauthorization process or any information included on our website, please contact Member Services at (888) 560-2025 or Provider Services at (855) 322-4080.