

MOLINA[®] HEALTHCARE MEDICARE PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE EFFECTIVE: 01/01/2019

**FOR MMP MEDICAID, PLEASE REFER TO YOUR STATE MEDICAID PA GUIDE FOR ADDITIONAL
PA REQUIREMENTS**

**Refer to Molina's Provider Website/Portal for specific codes that require authorization
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT**

OFFICE VISITS TO CONTRACTED/PARTICIPATING PRIMARY CARE PROVIDERS DO NOT REQUIRE PA.

OFFICE VISITS TO NETWORK SPECIALISTS REQUIRE A REFERRAL FROM A PARTICIPATING PRIMARY CARE PROVIDER.

EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION.

ALL NON-PAR PROVIDER REQUESTS REQUIRE AUTHORIZATION REGARDLESS OF SERVICE.

- | | |
|--|--|
| <ul style="list-style-type: none"> ● Behavioral Health, Mental Health, Alcohol and Chemical Dependency Services: <ul style="list-style-type: none"> ○ Inpatient, Partial hospitalization; ○ Electroconvulsive Therapy (ECT). ● Cosmetic, Plastic and Reconstructive Procedures (in any setting). ● Durable Medical Equipment <ul style="list-style-type: none"> ○ Medicare Hearing Aides supplemental benefit. Contact AVESIS 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. ● Home Healthcare Services (including home-based PT/OT/ST). All home healthcare services require PA after initial evaluation. ● Hyperbaric Therapy. ● Imaging, Advanced and Specialty Imaging ● Elective Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility. ● Long Term Services and Supports: Not a Medicare covered benefit*. (*Per State benefit if MMP). ● Neuropsychological and Psychological Testing. ● Non-Par Providers/Facilities:
PA is required for office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> ○ Emergency and Urgently needed Services; ○ Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or inpatient stay; ○ Dialysis when temporarily absent from service area. ○ Ambulance services dispatched through 911 | <ul style="list-style-type: none"> ● Non-Par Providers/Facilities (continues): <ul style="list-style-type: none"> ○ PA is waived for all radiologists, anesthesiologists, and pathologists professional services when billed for POS 19, 21, 22, 23 or 24 ○ PA is waived for professional component services or services billed with Modifier 26 in ANY place of service setting. ● Occupational, Physical, & Speech Therapy: PA required after Medicare therapy benefit threshold (\$2,040 for PT & ST combined and \$2,040 for OT) has been reached for office and outpatient settings. ● 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 (Acupuncture is not a Medicare covered benefit). ● Prosthetics/Orthotics. ● Radiation Therapy and Radiosurgery (for selected services only). ● Sleep Studies: (Except Home (POS 12) sleep studies) ● Specialty Pharmacy drugs. ● Transplants including Solid Organ and Bone Marrow (Cornea transplant does not require authorization). ● Transportation: non-emergent air transportation. ● 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. |
|--|--|

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICARE 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.

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

CALIFORNIA (Service hours 8am-5pm local M-F, unless otherwise specified)

	PHONE	FAX		PHONE	FAX
IP Prior Authorizations	(800) 526-8196	(866) 472-6303	Pharmacy Authorizations	(800) 665-3086	(866) 290-1309
OP Prior Authorizations	(855) 322-4075	(844) 251-1450			
Member Services	(800) 665-0898		Provider Services	(855) 322-4075	(562) 951-1529
Benefits/Eligibility	TTY/TDD: 711 7 Days a week, 8 a.m. to 8 p.m., local time				
Behavioral Health Authorizations	(800) 665-0898	(866) 472-6303	Dental (Avesis) <i>Some covered supplemental Part C dental services require prior authorization. The member's network provider will handle any plan-required authorizations for the member</i>	(855) 214-6779 TTY: 711 M-F, 7 am to 8 pm EST	N/A
			Hearing (Avesis)	(800) 327-4462 TTY: 711 M-F, 7 am to 8 pm EST	N/A

IMPORTANT MOLINA HEALTHCARE MEDICARE CONTACT INFORMATION

			Meal (Mom's Meals NourishCare PurFoods, LLC dba) <i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit</i>	Members (866) 204-6111 TTY: 711 Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST + 24-hour voicemail	N/A
Radiology Authorizations	(855) 714-2415	(877) 731-7218	Transportation (Secure Transportation) <i>Authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department</i>	(844) 644-6363 TTY: 711 or (844) 292-2690 Facility Line: (855) 740-3166 Press 1 – Ride Assist (My Rides) Press 2 – Reservations (Schedule a Ride) 24 / 7 365 Days a Year for URGENT/ same day appointments, facility DISCHARGES, and RIDE ASSIST M-F, 8 am to 8 pm local time for ROUTINE reservations	N/A
Transplant Authorizations	(855) 714-2415	(877) 813-1206	Vision (March Vision Care)	(844) 336-2724 TTY: (877) 627-2456	N/A
NICU Authorizations	(855) 714-2415	(877) 731-7220	24 Hour Nurse Advice Line (7 days/week) English: (844) 526-3188 / TTY: 711 Spanish: Press 1 for Spanish		

FLORIDA (Service hours 8am-5pm local M-F, unless otherwise specified)					
	PHONE	FAX		PHONE	FAX
IP Prior Authorizations	(866) 472-4585	(866) 472-9509	Pharmacy Authorizations	(800) 665-3086	(866) 290-1309
OP Prior Authorizations	(855) 322-4076	(844) 251-1450			
Member Services Benefits/Eligibility	(866) 553-9494 TTY/TDD: 711 7 Days a week, 8 a.m. to 8 p.m., local time		Provider Services	(855) 322-4076	(866) 948-3537
Behavioral Health Authorizations	(800) 221-5487	(800) 370-1116	Dental (Avesis) <i>Some covered supplemental Part C dental services require prior authorization. The member's network provider will handle any plan-required authorizations for the member</i>	(855) 214-6779 TTY: 711 M-F, 7 am to 8 pm EST	N/A
			Hearing (Avesis)	(800) 327-4462 TTY: 711 M-F, 7 am to 8 pm EST	N/A
			Meal (Mom's Meals NourishCare PurFoods, LLC dba is the preferred meal vendor although FLOMMOP also uses their LTC meal vendor network which includes GA Foods and other meal vendors) <i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit</i>	Mom's Meals: Members (866) 204-6111 TTY: 711 Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST + 24-hour voicemail	N/A
			PERS (Critical Signal Technologies, Inc. (CST) is the preferred PERSI vendor although FLOMMOP also uses their LTC PERS vendor network) <i>UM / Case Manager must authorize / order</i>	CST: (888) 55.SIGAL (888) 557-4462 TTY: 711 24/7	N/A

Radiology Authorizations	(855) 714-2415	(877) 731-7218	Transportation (Secure Transportation) <i>Authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department</i>	(844) 368-1503 TTY: 711 or (844) 292-2690 Press 1 – Ride Assist (My Rides) Press 2 – Reservations (Schedule a Ride) 24 / 7 365 Days a Year for URGENT/ same day appointments, facility DISCHARGES, and RIDE ASSIST M-F, 8 am to 8 pm local time for ROUTINE reservations	N/A
Transplant Authorizations	(855) 714-2415	(877) 813-1206	Vision (iCare Health Solutions)	(855) 373-7627 M-F, 8:30 am to 5 pm ET	N/A
NICU Authorizations	(855) 714-2415	(877) 731-7220	24 Hour Nurse Advice Line (7 days/week) English: (844) 526-3188 / TTY: 711 Spanish: Press 1 for Spanish		

IDAHO (Service hours 8am-5pm local M-F, unless otherwise specified)					
SERVICE AREA	PHONE	FAX	SERVICE AREA	PHONE	FAX
Medical Prior Authorizations	(888) 483-0760	(844) 251-1450	Pharmacy Authorizations	(800) 665-3086	(866) 290-1309
Concurrent, ECT, SNF, LTACS Prior Authorizations	(888) 483-0760	(855) 231-0375	Provider Services	(855) 322-4081	
			Dental (Avesis) <i>Some covered supplemental Part C dental services require prior authorization. The member's network provider will handle any plan-required authorizations for the member</i>	(855) 214-6779 TTY: 711 M-F, 7 am to 8 pm EST <i>All Idaho Medicare plans have Medicare-covered dental but the supplemental Part C dental benefit is only available on Molina Medicare Options plans; it is not available on the Molina Medicare Options Plus plan.</i>	N/A
			Hearing (Avesis)	(800) 327-4462 TTY: 711 M-F, 7 am to 8 pm EST <i>All Idaho Medicare plans have Medicare-covered hearing but the supplemental Part C hearing benefit is only available on the Molina Medicare Options (Boise) plan.</i>	
			Meal (Mom's Meals NourishCare PurFoods, LLC dba) <i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit</i>	Members (866) 204-6111 TTY: 711 Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST + 24-hour voicemail <i>Benefit is only available on the Molina Medicare Options Plus plan.</i>	N/A

Member Services Benefits/Eligibility	<p>Molina Medicare Options: (800) 665-3086</p> <p>Molina Medicare Options Plus: (844) 239-4913</p> <p>TTY/TDD: 711</p> <p>7 Days a week, 8 a.m. to 8 p.m., local time</p>		<p>Transportation (Secure Transportation)</p> <p><i>Authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department</i></p>	<p>Molina Medicare Options (Boise): (866) 605-2008</p> <p>Molina Medicare Options (Twin Falls): No benefit</p> <p>Molina Medicare Options Plus: (866) 605-1947 TTY: 711 or (844) 292-2690</p> <p>Press 1 – Ride Assist (My Rides)</p> <p>Press 2 – Reservations (Schedule a Ride)</p> <p>24 / 7 365 Days a Year for URGENT/ same day appointments, facility DISCHARGES, and RIDE ASSIST M-F, 8 am to 8 pm local time for ROUTINE reservations</p>	N/A
Behavioral Health Authorizations	(888) 483-0760	(855) 231-0375	<p>Vision (March Vision Care)</p>	<p>(844) 416-2724 TTY: (877) 627-2456</p>	N/A
Radiology Authorizations	(855) 714-2415	(877) 731-7218	<p>24 Hour Nurse Advice Line (7 days/week) English: (844) 526-3188 / TTY: 711 Spanish: Press 1 for Spanish</p>		
Transplant Authorizations	(855) 714-2415	(877) 813-1206			

MICHIGAN (Service hours 8am-5pm local M-F, unless otherwise specified)					
	PHONE	FAX		PHONE	FAX
IP Prior Authorizations	(888) 898-7969	(888) 295-7665	Pharmacy Authorizations	(800) 665-3086	(866) 290-1309
OP Prior Authorizations	(855) 322-4077	(844) 251-1450			
Member Services	(800) 665-3072	(801) 858-0409	Provider Services	(855) 322-4077	(248) 925-1784
Benefits/ Eligibility	TTY/TDD: 711 7 Days a week, 8 a.m. to 8 p.m., local time				
Behavioral Health Authorizations	(888) 898-7969	(888) 295-7665	Dental (Avesis) <i>Some covered supplemental Part C dental services require prior authorization. The member's network provider will handle any plan-required authorizations for the member</i>	(855) 214-6779 TTY: 711 M-F, 7 am to 8 pm EST	N/A
			Meal (Mom's Meals NourishCare PurFoods, LLC dba) <i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit</i>	Members (866) 204-6111 TTY: 711 Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST + 24-hour voicemail	N/A
Radiology Authorizations	(855) 714-2415	(877) 731-7218	Transportation (LogistiCare) <i>Authorizations are not required unless over the trip limit (over 100 miles one-way). When needed, these authorizations must be approved by the Michigan Health Plan's Member Services Department</i>	English: (866) 334-7984 Spanish: (866) 334-8134 Arabic: (866) 356-8100 Facility Line: (866) 569-1908 TTY: 711 24/7	Facility Fax: (866) 569-1910

Transplant Authorizations	(855) 714-2415	(877) 813-1206	Vision (VSP)	(844) 853-6294 TTY: (800) 428-4833 M-F, 5 am to 8 pm PT M-F, 6 am to 9 pm MST M-F, 8 am to 11 pm EST Sat, 7 am to 8 pm PT Sat, 8 am to 9 pm MST Sat, 10 am to 11 pm EST Sun, 7 am to 7 pm PT Sun, 8 am to 8 pm MST Sun, 10 am to 10 pm EST Closed Thanksgiving Day and Christmas Day	N/A
NICU Authorizations	(855) 714-2415	(877) 731-7220	24 Hour Nurse Advice Line (7 days/week) English: (844) 526-3188 / TTY: 711 Spanish: Press 1 for Spanish		

NEW MEXICO (Service hours 8am-5pm local M-F, unless otherwise specified)					
	PHONE	FAX		PHONE	FAX
IP Prior Authorizations OP Prior Authorizations	(855) 322-4078	(855) 278-0310 (844) 251-1450	Dental (Avesis) <i>Some covered supplemental Part C dental services require prior authorization. The member's network provider will handle any plan-required authorizations for the member</i>	(855) 214-6779 TTY: 711 M-F, 7 am to 8 pm EST	N/A
Member Services Benefits/Eligibility	(866) 440-0127 TTY/TDD: 711 7 Days a week, 8 a.m. to 8 p.m., local time	(801) 858-0409	Hearing (Avesis)	(800) 327-4462 TTY: 711 M-F, 7 am to 8 pm EST	
Behavioral Health Authorizations	(855) 322-4078	(888) 295-5494	Meal (Mom's Meals NourishCare PurFoods, LLC dba) <i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit</i>	Members (866) 204-6111 TTY: 711 Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST + 24-hour voicemail	N/A
Pharmacy Authorizations	(800) 665-3086	(866) 290-1309	PERS (Critical Signal Technologies, Inc. (CST)) <i>UM / Case Manager must authorize / order</i>	(888) 55.SIGAL (888) 557-4462 TTY: 711 24/7	N/A
Provider Services	(855) 322-4078	(855) 278-0310	Transportation (Secure Transportation) <i>Authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department</i>	(844) 368-1503 TTY: 711 or (844) 292-2690 Press 1 – Ride Assist (My Rides) Press 2 – Reservations (Schedule a Ride) 24 / 7 365 Days a Year for URGENT/ same day appointments, facility DISCHARGES, and RIDE ASSIST M-F,	N/A

				8 am to 8 pm local time for ROUTINE reservations	
NICU Authorizations	(855) 714-2415	(877) 731-7220	Vision (March Vision Care)	(844) 706-27241 TTY: (877) 627- 2456	N/A
Radiology Authorizations	(855) 714-2415	(877) 731-7218	24 Hour Nurse Advice Line (7 days/week) English: (844) 526-3188 / TTY: 711 Spanish: Press 1 for Spanish		

TEXAS (Service hours 8am-5pm local M-F, unless otherwise specified)					
	PHONE	FAX		PHONE	FAX
IP Prior Authorizations & All Authorization Requests for Nursing Facility Members	(855) 322-4080	866-420-3639	Pharmacy Authorizations	(800) 665-3086	(866) 290-1309
OP Prior Authorizations	(855) 322-4080	(844) 251-1450	Provider Services	(855) 322-4080	(281) 599-8916
Member Services Benefits/Eligibility	(866) 440-0012 TTY/TDD: 711 7 Days a week, 8 a.m. to 8 p.m., local time		Dental (Avesis) <i>Some covered supplemental Part C dental services require prior authorization. The member's network provider will handle any plan-required authorizations for the member</i>	(855) 214-6779 TTY: 711 M-F, 7 am to 8 pm EST	N/A
Behavioral Health Authorizations	(866) 449-6849	(866) 617-4967	Meal (Mom's Meals NourishCare PurFoods, LLC dba) <i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit</i>	Members (866) 204-6111 TTY: 711 Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST + 24-hour voicemail	N/A
NICU Authorizations	(855) 322-4080	(866) 420-3639	PERS (Critical Signal Technologies, Inc. (CST)) <i>UM / Case Manager must authorize / order</i>	(888) 55.SIGAL (888) 557-4462 TTY: 711 24/7	N/A
Transplant Authorizations	(855) 714-2415	(877) 813-1206	Transportation (Secure Transportation) <i>Authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department</i>	(844) 368-1503 TTY: 711 or (844) 292-2690 Press 1 – Ride Assist (My Rides) Press 2 – Reservations (Schedule a Ride) 24 / 7 365 Days a Year for URGENT/ same day appointments, facility DISCHARGES, and RIDE ASSIST M-F,	N/A

				8 am to 8 pm local time for ROUTINE reservations	
Radiology Authorizations	(855) 714-2415	(877) 731-7218	Vision (AVESIS)	(800) 327-4462 TTY: 711 M-F, 7 am to 8 pm EST	N/A
Transplant Authorizations	(855) 714-2415	(877) 813-1206	24 Hour Nurse Advice Line (7 days/week) English: (844) 526-3188 / TTY: 711 Spanish: Press 1 for Spanish		

UTAH (Service hours 8am-5pm local M-F, unless otherwise specified)					
	PHONE	FAX		PHONE	FAX
IP Prior Authorizations OP Prior Authorizations Healthy Advantage	(888) 483-0760 (855) 322-4081 (866) 472-9479	(844) 251-1450 (844) 251-1450 (866) 472-9841	Pharmacy Authorizations	(800) 665-3086	(866) 290-1309
Member Services Benefits/Eligibility	Healthy Advantage and Healthy Advantage Plus: (877) 644-0344 Molina Medicare Options Plus: (888) 665-1328 TTY TDD: 711 7 Days a week, 8 a.m. to 8 p.m., local time		Provider Services	(855) 322-4081	
Behavioral Health Authorizations Healthy Advantage	(888) 483-0760 (866) 472-9479	(866) 504-7262 (866) 472-9481	Dental (Avesis) Some covered supplemental Part C dental services require prior authorization. The member's network provider will handle any plan-required authorizations for the member	(855) 214-6779 TTY: 711	
			Hearing (Avesis) <i>All Utah Medicare plans have Medicare-covered hearing but the supplemental Part C hearing benefit is not available on the Healthy Advantage Plus plan.</i>	(800) 327-4462 TTY: 711 M-F, 7 am to 8 pm EST	
			In-Home Safety Assessment <i>Administered by utilizing a home health vendor</i>	<i>Available only to qualified Healthy Advantage Plus members</i>	
			Meal (Mom's Meals NourishCare PurFoods, LLC dba)	Members (866) 204-6111 TTY: 711	N/A

			<i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit</i>	Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST + 24-hour voicemail <i>Benefit is only available on the Healthy Advantage Plus plan.</i>	
			Medication Reconciliation Benefit	Medicare Pharmacy Call Center: (800) 665-3086 or call the toll-free Member Services number and select Pharmacy from the prompts <i>Benefit is only available on the Healthy Advantage Plus plan.</i>	
Radiology Authorizations	(855) 714-2415	(877) 731-7218	Transportation (Secure Transportation) <i>Authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department</i>	Healthy Advantage: (866) 605-2079 Healthy Advantage Plus: No benefit Molina Medicare Options Plus: (844) 368-1500 TTY: 711 or (844) 292-2690 Press 1 – Ride Assist (My Rides) Press 2 – Reservations (Schedule a Ride) 24 / 7 365 Days a Year for URGENT/ same day appointments, facility DISCHARGES, and RIDE ASSIST	N/A

				M-F, 8 am to 8 pm local time for ROUTINE reservations	
Transplant Authorizations	(855) 714-2415	(877) 813-1206	Vision (VSP)	(844) 350-4089 TTY: (800) 428-4833	N/A
NICU Authorizations	(855) 714-2415	(877) 731-7220	24 Hour Nurse Advice Line (7 days/week): MHI English: (844) 526-3188 / TTY: 711 MHI Spanish: Press 1 for Spanish UT-HA &-HA+ English: (866) 472-0601 / TTY: 711 UT-HA & HA+ Spanish: Press 1 for Spanish		

WASHINGTON (Service hours 8am-5pm local M-F, unless otherwise specified)

	PHONE	FAX		PHONE	FAX
IP Prior Authorizations OP Prior Authorizations	(800) 665-1029	(844) 251-1450	Pharmacy Authorizations	(800) 665-3086	(800) 869-7791
Member Services Benefits/Eligibility	(800) 665-1029 TTY/TDD: 711 7 Days a week, 8 a.m. to 8 p.m., local time	(800) 816-3778	Provider Services	(800) 665-1029 (855) 322-4082	
Behavioral Health Authorizations	(800) 869-7185	(800) 767-7188	Dental (Avesis) Some covered supplemental Part C dental services require prior authorization. The member's network provider will handle any plan-required authorizations for the member	(855) 214-6779 TTY: 711 M-F, 7 am to 8 pm EST	N/A
			Hearing (Avesis)	(800) 327-4462 TTY: 711 M-F, 7 am to 8 pm EST	
			Meal (Mom's Meals NourishCare PurFoods, LLC dba) <i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit</i>	Members (866) 204-6111 TTY: 711 Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST + 24-hour voicemail	N/A
Radiology Authorizations	(855) 714-2415	(877) 731-7218	Transportation (Secure Transportation) <i>Authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department</i>	(844) 368-1503 TTY: 711 or (844) 292-2690 Press 1 – Ride Assist (My Rides) Press 2 – Reservations (Schedule a Ride) 24 / 7 365 Days a Year for URGENT/ same day	N/A

				appointments, facility DISCHARGES, and RIDE ASSIST M-F, 8 am to 8 pm local time for ROUTINE reservations	
Transplant Authorizations	(855) 714-2415	(877) 813-1206	Vision (VSP)	(844) 246-0250 TTY: (800) 428-4833 M-F, 5 am to 8 pm PT M-F, 6 am to 9 pm MST M-F, 8 am to 11 pm EST Sat, 7 am to 8 pm PT Sat, 8 am to 9 pm MST Sat, 10 am to 11 pm EST Sun, 7 am to 7 pm PT Sun, 8 am to 8 pm MST Sun, 10 am to 10 pm EST Closed Thanksgiving Day and Christmas Day	N/A
NICU Authorizations	(855) 714-2415	(877) 731-7220	24 Hour Nurse Advice Line (7 days/week): English: (844) 526-3188 / TTY: 711 Spanish: Press 1 for Spanish		

WISCONSIN (Service hours 8am-5pm local M-F, unless otherwise specified)					
	PHONE	FAX		PHONE	FAX
IP Prior Authorizations OP Prior Authorizations	(888) 999-2404 (855) 326-5059	(877) 319-6827 (844) 251-1450	Pharmacy Authorizations	(800) 665-3086	(888) 373-3059
Member Services Benefits/Eligibility	(855) 315-5663 TTY/TDD: 711 7 Days a week, 8 a.m. to 8 p.m., local time	(801) 858-0465	Provider Services	(855) 326-5059	(801) 858-0465
Behavioral Health Authorizations	(888) 999-2404	(877) 708-2117	Dental (Avesis) Some covered supplemental Part C dental services require prior authorization. The member's network provider will handle any plan-required authorizations for the member	(855) 214-6779 TTY: 711 M-F, 7 am to 8 pm EST	
			Hearing (Avesis)	(800) 327-4462 TTY: 711 M-F, 7 am to 8 pm EST	
			Meal (Mom's Meals NourishCare PurFoods, LLC dba) <i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit</i>	Members (866) 204-6111 TTY: 711 Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST + 24-hour voicemail	N/A
			Meal (Mom's Meals NourishCare PurFoods, LLC dba) <i>Case Manager must enroll the member in the home delivered meal program giving them access to this benefit</i>	Members (866) 204-6111 TTY: 711 Case Managers (866) 224-9485 M-F, 7 am to 6 pm CST + 24-hour voicemail	N/A
Radiology Authorizations	(855) 714-2415	(877) 731-7218	Transportation (Secure Transportation)	(844) 368-1503	N/A

			<i>Authorizations are not required unless over the trip limit (over 50 miles one-way). When needed, these authorizations must be approved by Molina Healthcare's Centralized Medicare Utilization Management (CMU) Department</i>	TTY: 711 or (844) 292-2690 Press 1 – Ride Assist (My Rides) Press 2 – Reservations (Schedule a Ride) 24 / 7 365 Days a Year for URGENT/ same day appointments, facility DISCHARGES, and RIDE ASSIST M-F, 8 am to 8 pm local time for ROUTINE reservations	
Transplant Authorizations	(855) 714-2415	(877) 813-1206	Vision (March Vision Care)	(855) 516-2724 TTY: (877) 627-2456	N/A
NICU Authorizations	(855) 714-2415	(877) 731-7220	24 Hour Nurse Advice Line (7 days/week) English: (844) 526-3188 / TTY: 711 Spanish: Press 1 for Spanish		
Providers may utilize Molina Healthcare's Website at: https://provider.molinahealthcare.com/Provider/Login					
Available features include:	<ul style="list-style-type: none">• Authorization submission and status• Claims submission and status• Member Eligibility		<ul style="list-style-type: none">• Provider Directory• Frequently used forms• Nurse Advice Line Report		

**Molina[®] Healthcare – Medicare
Prior Authorization Request Form**
Please refer to Contact/FAX numbers above

MEMBER INFORMATION

Plan: ☐ Molina Medicare

Member Name: _____ DOB: _____ / _____ / _____

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

Service Type: ☐ Elective/Routine ☐ Expedited/Urgent¹

¹Definition 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: _____
- ☐ OT ☐ PT ☐ ST
- ☐ Hyperbaric Therapy
- ☐ Pain Management

- ☐ Home Health
- ☐ DME
- ☐ Wheelchair
- ☐ 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: _____ NPI#: _____ TIN#: _____

Servicing Provider or Facility: _____ NPI#: _____ TIN#: _____

Contact at Requesting Provider's office: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

For Molina Use Only:

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service, benefit limitations/exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.