

**Molina Healthcare/Molina Medicare of Texas  
Prior Authorization/Pre-Service Review Guide  
Effective: 07/01/2013**

**This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare/Molina Medicare Members.**  
\*\*\*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**

<ul style="list-style-type: none"> <li>• <b>All Non-Par providers/services:</b> 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> (except for Women's health/OB services in CA, WA, and MI). ER visits do not require PA</li> <li>• <b>All Inpatient Admissions:</b> Acute hospital, SNF, Rehab, LTACS, Hospice requires notification only</li> <li>• <b>Behavioral Health:</b> Mental Health, Alcohol and Chemical Dependency Services:- Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP), ECT, and &gt; 20 Office Visits/year for adults and children</li> <li>• <b>Cardiac Rehabilitation, Pulmonary Rehabilitation, and CORF (Comprehensive Outpatient Rehab Facility services for Medicare only)</b></li> <li>• <b>Chiropractic Services</b></li> <li>• <b>Cosmetic, Plastic and Reconstructive Procedures in any setting:</b> which <u>are not usually covered benefits include but are not limited to</u> 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</li> <li>• <b>Dental General Anesthesia:</b> &gt; 7 years old or per state benefit (Not a Medicare covered benefit)</li> <li>• <b>Dialysis:</b> notification only</li> <li>• <b>Diapers (not a Medicare covered benefit), Incontinence products</b></li> <li>• <b>Durable Medical Equipment/Orthotics/Prosthetics:</b> <ul style="list-style-type: none"> <li>o &gt;\$500 allowed amount per line item</li> <li>o All C-PAP and Bi-PAP</li> <li>o All Orthopedic footwear/orthotics/foot inserts</li> <li>o All customized orthotics, prosthetics, wheelchairs and braces</li> <li>o Hearing Aids – including anchored hearing aids Medicare Hearing Supplemental benefit: Contact Avesis at 800-952-6800</li> </ul> </li> <li>• <b>Enteral Formulas &amp; Nutritional Supplements</b></li> <li>• <b>Experimental/Investigational Procedures</b></li> <li>• <b>Genetic Counseling and Testing NOT related to pregnancy</b></li> <li>• <b>Home Healthcare:</b> after 3 skilled nursing visits</li> <li>• <b>Home Infusion</b></li> <li>• <b>Outpatient Hospice &amp; Palliative Care:</b> notification only.</li> <li>• <b>Imaging:</b> CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, intimal media thickness testing, three dimensional imaging</li> </ul>	<ul style="list-style-type: none"> <li>• <b>LTC Services (per state benefit)-e.g., Personal Attendant Services (PAS), Personal Care Services, Day Adult Health Services (DAHS). Not a Medicare covered benefit</b></li> <li>• <b>Neuropsychological and Psychological Testing and Therapy</b></li> <li>• <b>Occupational Therapy after initial eval plus 6 visits for outpatient setting and initial eval plus 3 visits for home setting.</b></li> <li>• <b>Office-Based Surgical Procedures do not require auth except for Podiatry Surgical Procedures</b> (excluding routine foot care)</li> <li>• <b>Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:</b> see prior auth list on Molina's website for specific codes</li> <li>• <b>Pain Management Procedures:</b> including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture (Not a Medicare covered benefit)</li> <li>• <b>Physical Therapy after initial eval plus 6 visits for outpatient setting and initial eval plus 3 visits for home setting.</b></li> <li>• <b>Pregnancy and Delivery:</b> notification only (via OB Service Request Form on MolinaHealthcare.com)</li> <li>• <b>Sleep Studies</b></li> <li>• <b>Speech Therapy</b> after initial eval plus 3 visits for outpatient setting and initial eval plus 3 visits for home health setting</li> <li>• <b>All Specialty Pharmacy including, but not limited to:</b> 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)</li> <li>• <b>Solid Organ and Bone Marrow Transplant Services:</b> including the evaluation (except Cornea transplants)</li> <li>• <b>Transportation:</b> non-emergent ground and air ambulance. Medicare Transportation: LogistiCare Solutions, LLC.</li> <li>• <b>Unlisted CPT and miscellaneous codes &gt;\$500 billed charges per line item</b></li> <li>• <b>Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy</b></li> </ul>
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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. The consent form must be submitted with claim. (Medicaid benefit only)**

\*ECI: An auth is not required for therapy listed on the ECI IFSP provided by an ECI provider (for children from birth through 35 months of age).

**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 866-449-6849 X206660

**Important Molina Healthcare/Molina Medicare Information**

**Prior Authorizations:** 8:00 a.m. – 5:00 p.m.  
*Medicaid:* 866-449-6849 Fax: 866-420-3639  
*Medicare:* 866-440-0012

**Radiology Authorizations:**  
 Phone: 1-855-714-2415 Fax: 877-731-7218

**OB/NICU Authorizations:**  
 Phone: 1-855-714-2415 Fax: 877-731-7218

**Pharmacy Authorizations:**  
*Medicaid:* 866-449-6849 Fax: 888-487-9251

**Behavioral Health Authorizations:**  
 Phone: 800-818-5837 X752017 Fax: 866-617-4967  
 For Behavioral Health Services in Dallas Service Area (STAR+PLUS), please call NorthSTAR at 888-800-6799  
 Fax: (877) 888-6444

**Transplant Authorizations:**  
 Phone: 1-855-714-2415 Fax: 877- 731- 7218

**Member Customer Service Benefits/Eligibility:**  
*Medicaid:* 866-449-6849 Fax: 281-599-8916  
 TTY/TDD: Relay Texas  
 English: 800-735-2989 OR 711  
 Spanish: 800-662-4954

*Medicare:*  
 TTY/TDD: 866-440-0012 OR 711

**Provider Customer Service:** 8:00 a.m. – 5:00 p.m.  
 Phone: 866-449-6849 Fax: 281-599-8916

**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:** ([www.opticarevisionplans.com](http://www.opticarevisionplans.com))  
 provrel@opticare.net  
*CHIP* 800-368-4790  
*STAR* 866-492-9711  
*STAR+PLUS* 877-832-4118  
 Fax: 800-980-4002  
*Medicare:* Avesis Third Party Administrators, Inc.  
 800-952-6800

**Dental:**  
*Medicaid:* Liberty Dental  
 888-359-1084  
*Medicare:* Avesis Third Party Administrators, Inc.  
 800-952-6800

**Medicare OTC :** CVS Caremark

**Providers may utilize Molina Healthcare’s ePortal at: [www.molinahealthcare.com](http://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/Molina Medicare Prior Authorization Request Form

Phone Number: (866) 449-6849

Fax Number: (866) 420-3639

### Member Information

Plan:  Molina Medicaid     Molina Medicare     Other: \_\_\_\_\_

Member's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Member's ID#: \_\_\_\_\_ Member Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Service Is:**     Elective/Routine

Expedited/Urgent *(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.)*

**\* Required Information to Process Request**

### Referral/Service Type Requested

<b>Inpatient</b> <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	<b>Outpatient</b> <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 Procedure
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### Procedure Information

ICD-9 Code & Description*:	
CPT/HCPC Code & Description*: [J Codes include # of mgs]	
Number of Visits Requested*:	DOS*:

### Ordering/Referring Physician Information

Name*:	Contact Name:	
Address:		
TIN/NPI*:	Phone #*:	Fax #*:

### Rendering Facility/Provider Information

Name*:		
Address:		
TIN/NPI*:	Phone #*:	Fax #*:

**\* Clinical notes and supporting documentation is required to review for medical necessity\***

**For Molina Use Only:**