

Molina Healthcare of Utah
 Medicaid, Medicare & Healthy Advantage
 Prior Authorization/Pre-Service Review Guide
 Effective: 01/01/2016

**Use the Molina web portal for faster turnaround times
 Contact Provider Services for details**

Referrals to Network Specialists and office visits to contracted (par) providers do not require Prior Authorization

This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare Medicaid and Medicare Members – excludes Marketplace

Refer to Molina's website or portal for specific codes that require authorization
 Only covered services are eligible for reimbursement

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| <ul style="list-style-type: none"> ● Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services: <ul style="list-style-type: none"> ○ Inpatient, Residential Treatment, Partial hospitalization, Day Treatment ○ Electroconvulsive Therapy (ECT) ○ Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD) ● Cosmetic, Plastic and Reconstructive Procedures (in any setting) ● Durable Medical Equipment: Refer to Molina's Provider website or portal for specific codes that require authorization. <ul style="list-style-type: none"> ○ Medicare Hearing Supplemental benefit: Contact Avesis at 1-800-327-4462 ● 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 and Home Infusion: After initial evaluation plus six (6) visits ● Hyperbaric Therapy ● Imaging, Advanced and Specialty: Refer to Molina's Provider website or portal for specific codes that require authorization ● Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility ● Neuropsychological and Psychological Testing ● Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for: <ul style="list-style-type: none"> ○ Emergency Department services ○ Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay ○ Local Health Department (LHD) services ○ Other services based on state requirements | <ul style="list-style-type: none"> ● Occupational Therapy: Traditional: After initial evaluation plus twenty (20) visits for office, outpatient and home settings. Non-traditional: benefit limit of 10 visits per 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: Refer to Molina's Provider website or portal for specific codes that require authorization ● Pain Management Procedures: except trigger point injections (Acupuncture is not a Medicare covered benefit) ● Physical Therapy: Traditional: After initial evaluation plus twenty (20) visits for office, outpatient and home settings. Non-traditional: benefit limit of 10 visits per year ● Prosthetics/Orthotics: Refer to Molina's Provider website or portal for specific codes that require authorization ● Radiation Therapy and Radiosurgery (for selected services only): Refer to Molina's Provider website or portal for specific codes that require authorization ● Sleep Studies: Except for Home Sleep Studies ● Specialty Pharmacy drugs (oral and injectable): Refer to Molina's Provider website or portal for specific codes that require authorization ● Speech Therapy: After initial evaluation plus six (6) visits for outpatient and home settings ● 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. |
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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)

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDICAID and 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, 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 (888) 483-0760

Important Molina Healthcare Medicaid and Medicare Information

Medical Prior Authorizations: 9:00 a.m. – 5:00 p.m.
Phone: Molina Medicaid/CHIP/Medicare 1 (888) 483-0760
 Healthy Advantage 1 (866) 472-9479
Fax: Molina: 1 (866) 472-0589 (Medicaid/CHIP)
 1 (844) 251-1450 (Medicare Prior Auth)
 1 (866) 504-7262 (Medicare – Concurrent, SNF's, LTAC's)
 1 (866) 472-9481 (Healthy Advantage)

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

NICU Authorizations:
 Phone: 1 (855) 714-2415 Fax: 1 (877) 731- 7218

Pharmacy Authorizations:
 Medicaid/CHIP: Phone: 1 (855)-322-4081
 Fax: 1 (866)-497-7448
 Medicare: Phone: 1 (888) 665-1328
 Fax: 1 (866) 290-1309

Behavioral Health Authorizations: CHIP inpatient only/Medicare and Healthy Advantage
 1 (888) 483-0760

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

Member Customer Service Benefits/Eligibility:
 Medicaid/CHIP: 1 (888) 483-0760
 TTY/TDD: 1 (800) 346-4128
 Molina Medicare: 1 (888) 665-1328 TTY TDD: 711
 Healthy Advantage: 1 (877) 644-0344 TTY/TDD: 711

Provider Customer Service: 9:00 a.m. – 5:00 p.m.
 Phone: Molina Medicare: 1 (888) 665-1328
 Healthy Advantage: 1 (866) 472-9479

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: March Vision Services (Molina Medicare only)
 Phone: 1 (888) 493-4070
 Fax: 1 (877) 627-2488

Healthy Advantage vision call Customer Service:
 1 (877) 644-0344

Dental:
 Medicaid: 1 (801) 538-6155
 CHIP: 1 (801) 483-0760
 Medicare & Healthy Advantage: Avesis (855) 214-6779

Transportation:
 Medicaid: 1 (801) 538-6155
 CHIP: 1 (801) 483-0760
 Medicare: Secure Transportation 1 (844) 368-1501
Hearing – Medicare Supplemental Benefit
 Medicare: Avesis 1 (800) 327-4462
 Healthy Advantage: 1 (877) 644-0344

Providers may utilize Molina Healthcare's eWeb at:
<https://provider.molinahealthcare.com/Provider/Login>

Available features include:

- Authorization submission and status
- Download Frequently used forms
- Provider Directory
- Claims submission and status
- Member Eligibility
- Nurse Advice Line Report



Molina Healthcare of Utah Molina Medicaid, Medicare/Healthy Advantage Prior Authorization Request

Molina Healthcare/Molina Medicare

Phone: 1 (888) 483-0760
 Advance Imaging Fax: 1 (877) 731-7218
 Medicare Medical Authorizations Fax: 1 (844) 251-1450
 Medicaid/CHIP: 1 (866) 472-0589
 Medicare (Concurrent, SNF's) : 1 (866) 504-7262

Healthy Advantage

Phone: 1 (866) 472-9479
 Advance Imaging Fax: 1 (877) 731-7218
 Medicare Medical Authorizations Fax: 1 (844) 251-1450

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Medicaid/CHIP	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Healthy Advantage
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> Expedited/Urgent ¹	

¹Definition: Treatment requested is to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function.

If request is outside of this definition it should be submitted as Elective/Routine.

*Required Information to Process Request

*REFERRAL/SERVICE TYPE REQUESTED			
Inpatient <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> LTAC	Outpatient <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Imaging <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Infusion Therapy	Mental Health <input type="checkbox"/> Emergent Admission <input type="checkbox"/> Planned Inpatient <input type="checkbox"/> PHP <input type="checkbox"/> IOP <input type="checkbox"/> Chemical Dependency <input type="checkbox"/> Office Visits	Home Health <input type="checkbox"/> Skilled Services (OT/PT/ST) <input type="checkbox"/> Custodial/Supportive (HHA) <input type="checkbox"/> Home Infusion DME <input type="checkbox"/> Wheel Chair - Purchase/Repair <input type="checkbox"/> Prosthetic/Orthotic <input type="checkbox"/> Office Procedure/Visit
PROCEDURE INFORMATION			
*ICD-10 Diagnosis Code & Description:			
*CPT/HCPC Code & Description:			
*Number of visits requested:		*DOS: from / / to / /	
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:

