

MOLINA HEALTHCARE OF WASHINGTON

MARKET PLACE PRIOR AUTHORIZATION/PRE-SERVICE REVIEW GUIDE

EFFECTIVE: 01/01/2017

THIS PRIOR AUTHORIZATION/PRE-SERVICE GUIDE APPLIES TO ALL MOLINA HEALTHCARE MARKETPLACE MEMBERS ONLY
REFER TO MOLINA'S PROVIDER WEBSITE OR PORTAL FOR SPECIFIC CODES THAT REQUIRE AUTHORIZATION
ONLY COVERED SERVICES ARE ELIGIBLE FOR REIMBURSEMENT

OFFICE VISITS TO CONTRACTED/PARTICIPATING (PAR) PROVIDERS & REFERRALS TO NETWORK SPECIALISTS DO NOT REQUIRE PRIOR AUTHORIZATION

- **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**
 - Inpatient, Transitional Substance Abuse Residential Treatment, Partial hospitalization.
 - Electroconvulsive Therapy (ECT);
 - Applied Behavioral Analysis (ABA) – for treatment of Autism Spectrum Disorder (ASD).
- **Cosmetic, Plastic and Reconstructive Procedures (in any setting).**
- **Dental:** Please contact DentaQuest at (888) 278-7310
- **Durable Medical Equipment:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **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 (Including Home PT, OT and ST):** After initial evaluation plus six (6) visits per calendar year.
- **Hyperbaric Therapy.**
- **Imaging, Advanced and Specialty Imaging:** Refer to Molina's Provider website or portal for specific codes that require authorization.
- **Inpatient Admissions:** Acute hospital, Skilled Nursing Facilities (SNF), Inpatient Rehabilitation, Long Term Acute Care (LTAC) Facility.
- **Long Term Services and Supports:** Refer to Molina's Provider website or portal for specific codes that require authorization. **(Per State benefit)**
- **Neuropsychological and Psychological Testing.**
- **Non-Par Providers/Facilities:** Office visits, procedures, labs, diagnostic studies, inpatient stays except for:
 - Emergency Department Services;
 - Professional fees associated with ER visit and approved Ambulatory Surgery Center (ASC) or inpatient stay;
 - Local Health Department (LHD) services;
 - Other services based on State requirements.

- **Occupational Therapy/Physical Therapy:** After initial evaluation plus twenty-five combined (24) visits per calendar year for office and outpatient settings.
- **Office visits and office-based procedures do not require authorization, unless specifically included in another category, i.e. advanced imaging 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.
 - [Site of Service Authorizations](#) – Some procedures require authorization when performed in an outpatient hospital setting rather than an Ambulatory Surgery Center. Refer to Molina's Provider website or portal for specific codes requiring authorization based on Site of Service.
- **Pain Management Procedures:** except trigger point injections.
- **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 Home Sleep Studies).
- **Specialty Pharmacy drugs:** Refer to Molina's Provider website or portal for specific codes that require authorization. Auth required for all places of service.
- **Speech Therapy:** After initial evaluation plus six (6) visits for office, 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.
- **Vision:** Please contact VSP at (888) 493-4070

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.

IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MARKET PLACE 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 at (425) 398-2603

Important Molina Healthcare Market Place Contact Information

Prior Authorizations:

8:00 a.m. – 5:00 p.m. Local Time

Phone: 1 (800) 869-7175 Fax: 1 (800) 767-7188

Member Customer Service Benefits/Eligibility:

Phone: 1 (800) 869-7185 Fax: 1 (800) 816-3378

TTY/TDD: 711

Behavioral Health Authorizations:

Phone: 1 (800) 869-7175 Fax: 1 (800) 767-7188

NICU Authorizations:

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

Pharmacy Authorizations:

Phone: 1 (800) 869-7175 Fax: 1 (800) 869-7791

Radiology Authorizations:

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

Transplant Authorizations:

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

Provider Customer Service:

8:00 a.m. – 5:00 p.m. Local Time

Phone: 1 (888) 858-5414 Fax: 1 (877) 814-0342

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]

Dental: DentaQuest (888) 278-7310

Transportation:

Phone: 1 (800) 869-7175 Fax: 1 (800) 757-7188

Vision Care (VSP):

Phone: 1 (888) 493-4070 Fax: 1 (866) 772-0285

Providers may utilize Molina Healthcare's Website 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
Market Place Prior Authorization Request Form
Phone Number: 1 (800)869-7175
Fax Number: 1 (800) 767-7188

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Market Place	<input type="checkbox"/> Other:	
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> Expedited/Urgent*	

***Definition 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 <input type="checkbox"/> Surgical procedures <input type="checkbox"/> Admissions <input type="checkbox"/> SNF <input type="checkbox"/> LTAC	Outpatient <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> Pain Management </div> </div>	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Wheelchair <input type="checkbox"/> 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:					